500

50 3001

KUHN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3001

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Gertrude Kuhn

2. DATE OF DEATH: March 30, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland 930 S. Dallas boro

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto

D. STREET ADDRESS (If rural, give location): 230 S. Dallas boro

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 25, 1858

9. AGE (In years last birthday): 79 yrs

If Under 1 Year: Months Days

If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ernest Kuhn

14. MOTHER'S MAIDEN NAME: Magdelena Kern

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No

(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Miss Mary E Kuhn

ADDRESS: 230 S Dallas

MEDICAL CERTIFICATION

18. 4/20/1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden.

DUE TO

(B) Hypertensive Cardio Vascular Disease with Mild Cardiac Failure — 1 year.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1949 *to* March, 1950 *that I last saw the deceased alive on* 29 March, 1950 *and that death occurred at* 2.30 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: James J. White M. D.

23B. ADDRESS: 5214 Harford Rd

23C. DATE SIGNED: 31 March 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: April 3, 1950

24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill

24D. LOCATION (City, town, or county) (State): Anne Arundel Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 31 1950

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: R. Howard Evans

ADDRESS: 1409 S. Charles St.

5006

VS 150

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50 3002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3002 Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SPENCER J. HACK

2. DATE OF DEATH: MARCH 29, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1139 North Carey Street

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 16-01
D. STREET ADDRESS (If rural, give location): 1139 North Carey Street

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 11, 1880
9. AGE (In years last birthday): 69
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Produce House
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Hack
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Julia Hack
ADDRESS: -1139 N. Carey Street

MEDICAL CERTIFICATION

18. 331 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — 4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension + arteriosclerosis — unknown

DUE TO

(C) Arthritis — 22 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-7, 1950 *to* 3-29, 1950, *that I last saw the deceased alive on* 3-28, 1950, *and that death occurred at* 1:15 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Frank A. Saunders M.D. — Frank A. Saunders
23B. ADDRESS: 1029 North Stricker St.
23C. DATE SIGNED: 3-29-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/1/50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAR 31 1950
REGISTRAR'S SIGNATURE: Lawrence Williams
25. FUNERAL DIRECTOR: Charles R. Law
ADDRESS: THE CHARLES R. LAW MORTUARY
802-04 MADISON AVENUE
BALTIMORE

VS 150

98860

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-420
50 3003

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3003
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Grace Wilkes

2. DATE OF DEATH: March 30, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland — 626 N. Gilmor St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 626 N. Gilmor St.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 16-03
D. STREET ADDRESS (If rural, give location): 626 N. Gilmor St.

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: March 29, 1906
9. AGE (In years last birthday): 44
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): domestic
10B. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Rice
14. MOTHER'S MAIDEN NAME: Charlotte Penn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Ella Rice — ADDRESS: 1205 Druid Hill Ave.

MEDICAL CERTIFICATION

18. 170 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of breast — one year
DUE TO
(B) Chr. Myocarditis — 1948
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 3, 1950, *to* Mar. 30, 1954 *that I last saw the deceased alive on* Mar 29, 1950, *and that death occurred at* 2:30 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Paul Brown M. D.
23B. ADDRESS: 1663 W North Ave.
23C. DATE SIGNED: 3-30-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/2/50
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 31 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: George G. Nelson — ADDRESS: 1303 Presstman St.

VS 150

50

PLEASE WRITE LEGIBLY, WITH INDIAN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-325
50 3004

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3004

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Robert Hutchings
2. DATE OF DEATH: March 30, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. 33 Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Md. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-02
D. STREET ADDRESS (If rural, give location): 1028 Cathedral St.
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-15-81
9. AGE (In years last birthday): 68 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NC
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Wm Hutchings
14. MOTHER'S MAIDEN NAME: Mary Davis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-09-5030
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. 571.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Hemorrhagic Colitis, C/U. — 3 wks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) (Cause of infection unknown)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 3-26, 1950, *to* 3-30, 1950, *that I last saw the deceased alive on* 3-30, 1950, *and that death occurred at* 7:45 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Robert C. Hartmann M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 3/31/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr 1-50
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Balto City

DATE RECEIVED BY LOCAL REGISTRAR: MAR 31 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Frank H. Deaf
ADDRESS: 814 N. 36 St.

VS 150

120a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-351
50 3005

50 3005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Stella Marie Stump

2. DATE OF DEATH: 3/30/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2707 Latona Road
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-03
D. STREET ADDRESS (If rural, give location): 2707 Latona Road.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 26-1896
9. AGE (In years last birthday): 53
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James A. League
14. MOTHER'S MAIDEN NAME: Mamie Coakley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. George Stump
ADDRESS: 2707 Latona

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) carcinoma of ovary — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1949, to Mar. 30, 1950, that I last saw the deceased alive on 3/29, 1950, and that death occurred at 905 A.m., from the causes and on the date stated above.

23A. SIGNATURE: Geo. Decium M. O.
23B. ADDRESS: 4808 Harford Rd
23C. DATE SIGNED: 3/31/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/3/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: J. J. Lee
ADDRESS: 5305 Harford Rd

MAR 31 1950

49a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. SAWYER

K-432

50 3006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3006

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Stamatios KALATZIRAS ~~STANIOUS~~ ~~KALATARIS~~

2. DATE OF DEATH: March 28, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
C. Length of stay in Baltimore: 22 years Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-07
D. STREET ADDRESS (If rural, give location): ~~626~~ 622 S. Oldham Street — 622 —

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify)
8. DATE OF DATE OF BIRTH
9. AGE (In years last birthday): 66 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): METAL Worker
10B. KIND OF BUSINESS OR INDUSTRY: BETH. STEEL
11. BIRTHPLACE (State or foreign country): Turkey
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Wife ADDRESS: 622 S. Oldham St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary disease
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: [illegible] M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 3-29-50

24A. BURIAL, CREMATION, ~~REMOVAL~~ (Specify)
24B. DATE: 4-1-50
24C. NAME OF CEMETERY OR CREMATORY: Greek
24D. LOCATION (City, town, or county) (State): Windsor Mill Rd.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 31 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Lembrer Inc. ADDRESS: 440 E. North Ave

VS 151

49629 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Y-520

CERTIFICATE CORRECTED 4-11-50

BIRTH NO. 50 3007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3007

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): John Lewis Young

2. DATE OF DEATH: 3-30-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore Gen'l Hosp.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Essex
D. STREET ADDRESS (If rural, give location): 352 Stillwater Ave 21-Essex

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 8/6/85
9. AGE (In years last birthday): (68) 64 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: RR. Conductor-B+O
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frederick Young.
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): UNKNOWN — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-12-1635
17. INFORMANT: Jennette Young — ADDRESS:

MEDICAL CERTIFICATION

18. 434. ✓

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiac failure
DUE TO
(B) Asthma
DUE TO
(C) ~~Asthma~~ Cor Pulmonale

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. → Benign Prostatic hypertrophy.

19A. DATE OF OPERATION: None.
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-17, 1950, to 3-30, 1950, that I last saw the deceased alive on 3-30, 1950, and that death occurred at 4:28 a.m., from the causes and on the date stated above.

23A. SIGNATURE: Sara E. Bennett M. D.
23B. ADDRESS: West Baltimore Gen'l Hosp.
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/4/50.
24C. NAME OF CEMETERY OR CREMATORY: Rockwood Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Co Md.

DATE RECEIVED BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 25. FUNERAL DIRECTOR: J. Blizzinski — ADDRESS: 407 Eastern Ave

1950 3007

MAR 31 1950

10247

137a

M-525

MS--13535 3008

CERTIFICATE CORRECTED 8-22-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3008

Registered No.

BIRTH NO. M-74411

1. NAME OF DECEASED (Type or Print): Mary Margaret Manken

2. DATE OF DEATH: Mar. 30, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals
4940 Eastern Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days: life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-05
D. STREET ADDRESS (If rural, give location): 1618 Elm Tree St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Mar. 26, 1947
9. AGE (In years last birthday): 3 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Theodore Manken
14. MOTHER'S MAIDEN NAME: Catherine Reilly
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records* Balto. City Hospitals — ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

055 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Diphtheria--Diphtheritic myocarditis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 3-29-50
19B. MAJOR FINDINGS OF OPERATION: Tracheotomy
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-26-, 1950 *to* 3-30-, 1950, *that I last saw the deceased alive on* 3-30-, 1950, *and that death occurred at* 8:45AM., *from the causes and on the date stated above.*

23A. SIGNATURE: J. S. Rogers M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 3-30-50

24A. BURIAL, CREMATION, REMOVAL (Specify): B
24B. DATE: 4/I/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE: Martin 9-5-50 0 0 0 Joseph L. Rutkowski
25. FUNERAL DIRECTOR: Joseph L. Rutkowski — ADDRESS: 130 E. Fort Ave.

VS 1SO

MAR 31 1950

10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-540

50 3009

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3009

1. NAME OF DECEASED (Type or Print): LILLIAN ELIZABETH HAMMEL

2. DATE OF DEATH: Mar. 30, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1610 N. Washington Street
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-06
D. STREET ADDRESS (If rural, give location): 1610 N. Washington Street

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Aug. 19, 1878
9. AGE (In years last birthday): 71 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Rattman
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. Wm. A. Rattman — ADDRESS: 102 E. Overlea Avenue -6

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIOSCLEROSIS — 6 years

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Rheumatoid Arthritis — 9 years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1941, to March 30, 1950, that I last saw the deceased alive on March 30, 1950 and that death occurred at 6 P m., from the causes and on the date stated above.

23A. SIGNATURE: Victor Goldberg M.D. M. D.
23B. ADDRESS: 3100 Harford Road Zone 18
23C. DATE SIGNED: 3/31/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/1/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 31 1950
REGISTRAR'S SIGNATURE: 195000
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: Beany F. Sander

VS 150

Huntington Williams, M.D.

59a

NS-115871 J-5 5 50 3010

50 3010

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): John Henry Johnson

2. DATE OF DEATH: Mar. 30, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore--(Infirmary) 25-06
D. STREET ADDRESS (If rural, give location): 3335 Remley St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec. 18, 1876
9. AGE (In years last birthday): 73 — If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): VENDOR
10B. KIND OF BUSINESS OR INDUSTRY: EXCURSION BOAT
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Elijah
14. MOTHER'S MAIDEN NAME: Virginia Rosenbrook
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records* B.C.H.-4940 Eastern Ave. ADDRESS

MEDICAL CERTIFICATION

18. 576 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia RLL LLL

DUE TO

ANTECEDENT CAUSES

(B) Bronchiectasis RLL LLL

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Heart Disease with failure

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-13- *, 1947, to* 3-30- *, 1950, that I last saw the deceased alive on* 3-30- *, 1950, and that death occurred at* 5:20 AM *, from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 3-30-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: APRIL 1, 1950
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: John T. Stansbury ADDRESS: 2700 Edmondson Ave

MAR 31 1950

272 51

937

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-635

50 3011

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3011

1. NAME OF DECEASED (Type or Print): HENRY MARTIN (MARTIN)

2. DATE OF DEATH: 3-28-50.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Balto Gen. Hospital
C. Length of stay in Baltimore: life — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balti
D. STREET ADDRESS (If rural, give location): 1901 E. 20th St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 6, 1892
9. AGE (In years last birthday): 57 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Upholster
10B. KIND OF BUSINESS OR INDUSTRY: Union Bros
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Balthauser Martin
14. MOTHER'S MAIDEN NAME: Amelia Simon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
16. (If yes, give war or dates of service): —
SOCIAL SECURITY NO.: 213-10-3400
17. INFORMANT: Caroline Martin, ADDRESS: 1901 E. 20th St

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Rupture — 2 min

DUE TO

(B) Myocardial infarction — 10 days

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Lower nephron nephrosis — 3 days

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/21, 1950, *to* 3/28, 1950, *that I last saw the deceased alive on* 3/28, 1950, *and that death occurred at* 10/ m., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph Shear M. D.
23B. ADDRESS: W B S H
23C. DATE SIGNED: 3/28

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr 1/50
24C. NAME OF CEMETERY OR CREMATORY: Balto Lawn
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Philip Hopwing Sons, ADDRESS: 2024 Orleans St

VS 100

MAR 31 1950

36485

94a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-533 KOONTZ

BIRTH NO. 50 3012

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 50 3012

1. NAME OF DECEASED (Type or Print): Margaret Koontz

2. DATE OF DEATH: 3/30/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore General Hospital
C. Length of stay in Baltimore: 3 Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Herndale Md
D. STREET ADDRESS (If rural, give location): 108 First Ave.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 23, 1918
9. AGE (In years last birthday): 31 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PETER ZELNER
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Robert L. Koontz ADDRESS: 108 First Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 416 X

(A) Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO inactive

ANTECEDENT CAUSES

(B) — over

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: x
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/29, 1950, *to* 3/30, 1950, *that I last saw the deceased alive on* 3/30, 1950, *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Katherine V. Kemp M. D.
23B. ADDRESS:
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 3, 1950
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross.
24D. LOCATION (City, town, or county) (State): Richmond Va. U.S.A.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 31 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Charles W. Lachanchus
ADDRESS: 703 McHenry St.

VS 150

95B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Letter in document file 50-3012 - 5/4/50.

K-460 Keller X

BIRTH NO. 50 3013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3013

1. NAME OF DECEASED (Type or Print): CHARLES J. KELLER

2. DATE OF DEATH: 3-30-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSP.
C. Length of stay in Baltimore: 49 ~~Yrs.~~ ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ellicott City
D. STREET ADDRESS (If rural, give location): WESTCHESTER AVE.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Feb. 8, 1893
9. AGE (In years last birthday): 57
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BUS DRIVER
10B. KIND OF BUSINESS OR INDUSTRY: BALTO. TRANSIT CO.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK KELLER
14. MOTHER'S MAIDEN NAME: CATHERINE PONTELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes
(If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 213-05-9241
17. INFORMANT: Annie M. Keller
ADDRESS: Ellicott City, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) FUNGUS PNEUMONITIS — INTERVAL BETWEEN ONSET AND DEATH: 7 wks.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-16, 1950, *to* 3-30, 1950, *that I last saw the deceased alive on* 3-30, 1950, *and that death occurred at* 2:15 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: Gene R. Frettin M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: 3-30-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 3, 1950
24C. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24D. LOCATION (City, town, or county) (State): Ellicott City, Maryland.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 31 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Easton Sons
ADDRESS: Ellicott City, Md.

VS 150

Huntington Williams, M.D.

420 49

0 43

correct age is especially important. Physicians: please write the causes of death clearly and fully supplied. The

B-652

BIRTH NO. 50 3014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3014

1. NAME OF DECEASED (Type or Print): MICHAEL A. BURNS

2. DATE OF DEATH: MARCH 31, '50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-07
D. STREET ADDRESS (If rural, give location): 1307 LONGWOOD ST.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: May 29, 1869
9. AGE (In years last birthday): 80
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: THOMAS BURNS
14. MOTHER'S MAIDEN NAME: MARGARET MULLEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs Rose Burns
ADDRESS: 1307 Longwood St. Balto.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DEHYDRATION, ACIDOSIS - — INTERVAL BETWEEN ONSET AND DEATH: after 15 mo.

DUE TO

(B) PROB. CARCINOMATOSIS.

DUE TO

(C) carcinoma of prostate — over

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

177X

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 1, 1950, *to* Mar 31, 1950, *that I last saw the deceased alive on* Mar 30, 1950, *and that death occurred at* 12:30 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Edmund B. Middleton M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: Mar 31, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 3 1950
24C. NAME OF CEMETERY OR CREMATORY: Galena
24D. LOCATION (City, town, or county) (State): Galena Kent Co. Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAR 31 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Manning V. Williams
ADDRESS: Chestertown, Md.

VS 150

3014

51B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item is important. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

Letter in document file 50 - 3014 - 5/4/50.

#400

50 3015

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3015

Registered No.

1. NAME OF DECEASED (Type or Print): Frederick A. Hill

2. DATE OF DEATH: March 30, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 1-01
D. STREET ADDRESS (If rural, give location): 925 S. Ellwood Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7/30/1892
9. AGE (In years last birthday): 57 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Calvert Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Hill
14. MOTHER'S MAIDEN NAME: Ella Lusby

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. 420.0

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Acute Myocardial Infarction — 4 hrs.

DUE TO

(B) Arteriosclerotic Heart Disease — 3 yrs.

DUE TO

(C) —

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES [4] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-30, 1950, *to* 3-30, 1950, *that I last saw the deceased alive on* 3-30, 1950, *and that death occurred at* 11:10 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Robert C. Hartmann M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 3/31/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/3/50
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): Eastern Ave Extended

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Von Cook Inc. — ADDRESS: 1217 St. Paul St.

VS 150

308 V9

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item is important. Physicians: please write the causes of death clearly and legibly. Be sure that correct age is especially important.

AB-135958 CERTIFICATE CORRECTED 4-24-50

400

50 3016

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3016

1. NAME OF DECEASED (Type or Print): Thomas Dailey

2. DATE OF DEATH: 3-31-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 18-01
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 838 W. Baltimore Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): (~~Married~~) Divorced
8. DATE OF BIRTH: Dec. 7- 1886
9. AGE (In years last birthday): 63 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER
10B. KIND OF BUSINESS OR INDUSTRY: TRANSFER Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Lewis Dailey
14. MOTHER'S MAIDEN NAME: Louise
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Baltimore City Hospitals Records — ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. ~~153~~ I 570.5

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) General debility
~~Atelectasis of right middle and lower lobes.~~

DUE TO

(B) Pelvic inflammatory disease
~~General debility due to carcinoma of Sigmoid colon~~

DUE TO

(C) Perforated diverticulum of the sigmoid

over

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: March 21-1950
19B. MAJOR FINDINGS OF OPERATION: Intestinal Obstruction
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-20- *, 19*50 *to* 3-31- *, 19*50 *that I last saw the deceased alive on* 3-31- *, 19*50 *, and that death occurred at* 2.45A *m., from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 3-31-1950

24A. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial
24B. DATE: 4/3/50
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm Cox Inc
ADDRESS: 1276 St. Paul St.

VS 150

42050

1220

Physicians: please write the causes of death clearly and legibly. correct age is especially important.

Letter in document file 50-3016 - 7/27/50.

-100

BIRTH NO. 50 3017

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3017

1. NAME OF DECEASED (Type or Print): PATRICK J. DAVEY

2. DATE OF DEATH: March 31, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-01
D. STREET ADDRESS (If rural, give location): 4100 Eirman Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED (Specify)~~: Widowed
8. DATE OF BIRTH: 7/21/872
9. AGE (In years last birthday): 77
If Under 1 Year: Months: 8 Days: 24
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Stone Lawyer
10B. KIND OF BUSINESS OR INDUSTRY: Cluff & Malloy
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Patrick Davey
14. MOTHER'S MAIDEN NAME: Mary Mullen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mary Hogg ADDRESS: 4100 Eirman Ave

MEDICAL CERTIFICATION

18. E812.0

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fractured skull
~~DUE TO~~ Subdural hemorrhage
Contusion of brain
(B) Subarachnoid hemorrhage
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Fractured pelvis (hospital record)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Belair Road & Eirman Avenue 27/1
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): March 29, 1950 10:30 Am.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR?: Pedestrian struck by tractor-trailor

22. *I certify that I took charge of the remains described above, held an* Partial autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: H. J. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 3-31-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/3/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 1217 St. Paul St.

VS 151

N-803.

170C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

520

50 3018

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3018

Registered No.

1. NAME OF DECEASED (Type or Print): Albert - H. Laing

2. DATE OF DEATH: 3-30-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland: Home
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 927 South Hanover St Baltimore, Md
C. Length of stay in Baltimore: 25 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 23-01
D. STREET ADDRESS (If rural, give location): 927 South Hanover St

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 3/17/1878
9. AGE (In years last birthday): 72
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer
10B. KIND OF BUSINESS OR INDUSTRY: Printing
11. BIRTHPLACE (State or foreign country): Phila Pa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: 213-03-8865
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. 420.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Coronary artery occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO Coronary artery arteriosclerosis — previous attack

(B) Hypertension — for 10 years

DUE TO Arteriosclerosis

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 8, 1945, *to* March 30, 1950, *that I last saw the deceased alive on* March 3, 1950, *and that death occurred at* 10 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Richard J. Tillman M.D.
23B. ADDRESS: 3035 St. Paul St. - 18 -
23C. DATE SIGNED: March 31, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-1-50
24C. NAME OF CEMETERY OR CREMATORY: Loraine Cemetery
24D. LOCATION (City, town, or county) (State): Woodlawn Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Earl B. Wolverton
ADDRESS: 403-E-25th St. 94a

VS 150

31014

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640

JL- 136652

50 3019 B.C. 50-06318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3019

Registered No.

BIRTH NO

1. NAME OF DECEASED (Type or Print): Baby Girl Hurley- Alice

2. DATE OF DEATH: 3-17-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-01
D. STREET ADDRESS (If rural, give location): 1315 Whatcoat St. - 17

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 17, 1950
9. AGE (In years last birthday): If Under 1 Year: Months, Days; If Under 24 Hours: Hours 2, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Dockey
14. MOTHER'S MAIDEN NAME: Alice Ives Hurley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: B. C. H. Records, ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. 776 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐ NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 17, 1950 *to* Mar. 17, 1950 *that I last saw the deceased alive on* Mar. 17, 1950 *and that death occurred at* 8.45 PM *from the causes and on the date stated above.*

23A. SIGNATURE: A.S. Rogan M. D.
23B. ADDRESS: 4940 Eas tern Ave.
23C. DATE SIGNED: 3-24-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremated
24B. DATE: 3-23-50
24C. NAME OF CEMETERY OR CREMATORY: B. C. H. Crematory
24D. LOCATION (City, town, or county) (State): 4940 Eastern Ave.

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1950
REGISTRAR'S SIGNATURE: Lucretia Williams, M.D.
25. FUNERAL DIRECTOR
ADDRESS

VS 150

50 3019

159

Please write clearly. Every item must be answered. Be sure to give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6 10 50 3020 Hospital Disposal

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 50 3020

BIRTH NO. 50-05667

1. NAME OF DECEASED (Type or Print): Baby Boy Thorpe

2. DATE OF DEATH: March 20, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fullerton 5300
D. STREET ADDRESS (If rural, give location):

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 3-19-50
9. AGE (In years last birthday): If Under 1 Year: Months: Days: If Under 24 Hours: Hours: 6 Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Samuel Thorpe
14. MOTHER'S MAIDEN NAME: Irene
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. 76 x . 5

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Neonatal Anoxia

DUE TO

(B) Atelectasis

DUE TO

(C) Prematurity

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3/20, 1950, *to* 3/20, 1950, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 4:20 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: G. C. Robinson M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Hosp Disposal
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1950
REGISTRAR'S SIGNATURE: [illegible] Baltimore, Md.
25. FUNERAL DIRECTOR:
ADDRESS:

3020

VS 150

159

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

430

50 3021

BIRTH NO. 50-05-671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3021

Registered No.

1. NAME OF DECEASED (Type or Print): Baby Boy Tarte

2. DATE OF DEATH: March 14, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Johns Hopkins Hospital
c. Length of stay in Baltimore (Yrs. Mos. Days): 2 hour & 14 min.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-09
D. STREET ADDRESS (If rural, give location): 1138 E. North Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: March 14, 1950
9. AGE (In years last birthday): If Under 1 Year: Months: Days: If Under 24 Hours: Hours: 2 Min.: 14
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Linwood Tarte
14. MOTHER'S MAIDEN NAME: Lillian Rick
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hospital Records
ADDRESS

MEDICAL CERTIFICATION

18. 760.0

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subdural hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs 14 min

DUE TO

(B) Birth trauma

DUE TO

(C) Precipitate labor & delivery

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 14, 1950 *to* March 14, 1950 *that I last saw the deceased alive on* March 14, 1950, *and that death occurred at* 10:50 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: William L. Hartmann M. D.
23B. ADDRESS: 601 N. Broadway
23C. DATE SIGNED: March 17, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: Hosp Disposal
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1950
REGISTRAR'S SIGNATURE: [illegible] for William [illegible]
25. FUNERAL DIRECTOR: 3021
ADDRESS

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

160a

109

Hospital Disposal

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3022

BIRTH NO. 50 3022 BC 50-06263

1. NAME OF DECEASED (Type or Print): Baby Boy Papp

2. DATE OF DEATH: March 26, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. 3 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 28-01
D. STREET ADDRESS (If rural, give location): 5310 Lynnview Ave

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 3/26/50
9. AGE (In years last birthday):
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: 7 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Laszlo Papp
14. MOTHER'S MAIDEN NAME: Adelaide ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Birth Injury

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

760.0

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/26 *19*50*, to* _____*, 19*__*, that I last saw the deceased alive on* _____*, 19*__*, and that death occurred at* 3:40 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: G. C. Robinson M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 3/27/50

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Hosp Disposal
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1950
REGISTRAR'S SIGNATURE: Lucille Williams, M.D.
25. FUNERAL DIRECTOR:
ADDRESS:

VS 150

3022

160a

Physicians: please write the causes of death clearly and legibly. correct age is especially important.

-210

50 3023

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3023

Registered No.

1. NAME OF DECEASED (Type or Print): Sophia Jacob

2. DATE OF DEATH: March 30, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2798 Tivoly Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 0
c. Length of stay in Baltimore (Yrs. Mos. Days): Lifetime

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-06
D. STREET ADDRESS (If rural, give location): 2798 Tivoly Ave.,

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 12, 1859
9. AGE (In years last birthday): 90
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Zuschlag
14. MOTHER'S MAIDEN NAME: --

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: --
17. INFORMANT: Mrs. A.R. Rutley
ADDRESS: 3203 Alameda Blvd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

(B) Arteriosclerotic Cardio Vascular Disease. — 4 yrs

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1946 *to* 30-March, 1950, *that I last saw the deceased alive on* 24-March 1950, *and that death occurred at* 4:55 A *m., from the causes and on the date stated above.*

23. SIGNATURE: Chas W Edwards M. D.
23B. ADDRESS: 2746 The Alameda
23C. DATE SIGNED: 30-March-1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/1/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: Ullrich Funeral Home
ADDRESS: 2008 Orleans St.,

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93D

-000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 50 3024

Registered No. 50 3024

1. NAME OF DECEASED (Type or Print): Eugene Ray

2. DATE OF DEATH: MAR 31 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-02
D. STREET ADDRESS (If rural, give location): 1437 Myrtle Ave

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3.26.78
9. AGE (In years last birthday): 72
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WAITER
10B. KIND OF BUSINESS OR INDUSTRY: RESTAURANT
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Ray
14. MOTHER'S MAIDEN NAME: Barbara Markuess

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS:

MEDICAL CERTIFICATION

18. 420.0

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: ? 15 years

DUE TO

(B)

DUE TO

(C) Arteriosclerotic Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-27, 1950, *to* 3-31, 1950, *that I last saw the deceased alive on* 3-31, 1950, *and that death occurred at* 12:43 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: William W. Winternitz M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: March 31, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-2-50
24C. NAME OF CEMETERY OR CREMATORY: Mt Hope cem.
24D. LOCATION (City, town, or county) (State): Calvert Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: George G. Nelson
ADDRESS: 1303 Pressman St

VS 150

78071 93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-500 Beam

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3025

Registered No.

BIRTH NO. 50 3025

1. NAME OF DECEASED (Type or Print): Ida Alice Beam

2. DATE OF DEATH: Mar. 20, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1725 W. Lombard St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 19-04
D. STREET ADDRESS (If rural, give location): 1725 W. Lombard

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 3-16-1867
9. AGE (in years last birthday): 83
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David Bowman
14. MOTHER'S MAIDEN NAME: Katherine Archart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs. Daniel M. Beam
ADDRESS: 1725 W Lombard St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-Vascular Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fracture, Left Hip, Healed — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Wm. H. Kammer, Jr. M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: Mar. 30, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-1-50
24C. NAME OF CEMETERY OR CREMATORY: Meadowridge Cem
24D. LOCATION (City, town, or county) (State): Dorsey Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1950
REGISTRAR'S SIGNATURE: Lucille Williams, MD
25. FUNERAL DIRECTOR: Geo. E. Berger Jr
ADDRESS: 1512 Hollins St

VS 151

93D

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-550 NEWMAN X

50 3026

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3026

Registered No.

1. NAME OF DECEASED (Type or Print): Katherine Newman

2. DATE OF DEATH: 4-1-50

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Allegheny
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Baltimore~~ Cumberland
D. STREET ADDRESS (If rural, give location): Valley Rd Cumberland Md

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7/12/17
9. AGE (In years last birthday): 32
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Louis Albertson
14. MOTHER'S MAIDEN NAME: Rebecca Prince
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hospital Records ADDRESS

MEDICAL CERTIFICATION

18. 193X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral edema

DUE TO

(B) Brain tumor

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cortrol

19A. DATE OF OPERATION: 3-31-50 3-30-50
19B. MAJOR FINDINGS OF OPERATION: Internal hydrocephalus
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-24, 1950, *to* 4-1, 1950, *that I last saw the deceased alive on* 4-1, 1950, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Thomas Nichols M. D.
23B. ADDRESS: University Hosp
23C. DATE SIGNED: 4-1-50

24A. BURIAL, CREMATORY, REMOVAL (Specify): Burial
24B. DATE: 4/4/50
24C. NAME OF CEMETERY OR CREMATORY: St Peters & Pauli Cem
24D. LOCATION (City, town, or county) (State): Cumberland Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Hafer Funeral Home
ADDRESS: Cumberland Maryland

VS 150

54B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-635

MARTIN

50 3027

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3027

Registered No.

1. NAME OF DECEASED (Type or Print): Margaret M. Martin

2. DATE OF DEATH: 3/30/50

3. PLACE OF DEATH: A. Baltimore City, Maryland 3719 E. Pratt St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

C. Length of stay in Baltimore: 50 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 3719 E. Pratt St
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md
D. STREET ADDRESS (If rural, give location): 3719 E. Pratt St 26-08

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: June 30. 1872
9. AGE (In years last birthday): 77 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): none
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: J. H. Martin 3719 E. Pratt St — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Papillary Carcinoma of Ovary — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Generalized abdominal metastasis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1950, *to* 3/30, 1950, *that I last saw the deceased alive on* 3/27, 1950, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. H. Gordon M. D.
23B. ADDRESS: 3400 E. Baltimore St
23C. DATE SIGNED: 3/31/50

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: 4/3/50
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cem
24D. LOCATION (City, town, or county) (State): Caldwell St

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Charles S. Towell 2427 — ADDRESS: Edmondson Ave

VS 150

49a

PLEASE WRITE MARTIN, WITH STRAIGHT PEN. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N.J. Goodman Phone N.J. 1764

Ballet & Highland,

654
50 3028
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3028
Registered No.

1. NAME OF DECEASED (Type or Print): OLIVER COLBERT CROMWELL

2. DATE OF DEATH: Mar. 30, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2217 Elsinore Ave.
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-08B
D. STREET ADDRESS (If rural, give location): 2217 Elsinore Ave.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 29, 1860
9. AGE (In years last birthday): 89 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired clerk
10B. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Andrew J. Cromwell
14. MOTHER'S MAIDEN NAME: Margaret A. Halliway
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mrs. Olive C. Heron — ADDRESS: 2217 Elsinore Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

444X

(A) HYPOSTATIC PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

(B) HYPERTENSION-ARTERIO SCLEROSIS — 15 YEARS

DUE TO

(C) SENILITY-

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

BLINDNESS, TOTAL, FROM SCLEROTIC RETINA — 4 or 5 YEARS

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1935, 19__, *to* MARCH 30, 1950, *that I last saw the deceased alive on* MARCH 30, 1950, *and that death occurred at* 11.45 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: W. Hoffman M.D. M. D.
23B. ADDRESS: 8 East Read Street
23C. DATE SIGNED: 3/31/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/3/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1950
REGISTRAR'S SIGNATURE: Winfield Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Lackner & Sons
ADDRESS: Balto., Md.

VS 150

97

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

450
50 3029
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3029
Registered No.

1. NAME OF DECEASED (Type or Print): HENRY DORSEY ALLEN

2. DATE OF DEATH: Mar. 30. 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3704 Fait Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore -24 26-09
D. STREET ADDRESS (If rural, give location): 3704 Fait Ave.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Dec. 28. 1874
9. AGE (In years last birthday): 75 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plant Foreman
10B. KIND OF BUSINESS OR INDUSTRY: Sherwood Bros.
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry D. Allen
14. MOTHER'S MAIDEN NAME: Susan Ann Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Susan Ann Hancock — ADDRESS: 3704 Fait Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic C.V. Disease — 3-15-50
DUE TO
(B) Myocardial Failure — 3-15-50
DUE TO
(C) Acute Coronary Occlusion — 3-30-50

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: None
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): None
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): None
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: None
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐: None
21F. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* 3-15, 1950, *to* 3-30, 1950, *that I last saw the deceased alive on* 3-30, 1950, *and that death occurred at* 6:40 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: E. G. Schimenek M. D.
23B. ADDRESS: 842 S. East Ave
23C. DATE SIGNED: 3.31.50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 1. 1950
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS INC.
ADDRESS: 931 North Ave + Broadway, Baltimore Md. George F. Sander

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

400 Biehl

BIRTH NO. 50 3030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3030

1. NAME OF DECEASED (Type or Print): Harry E Biehl

2. DATE OF DEATH: March 31 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Volunteers of America Hosp
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Westminster
D. STREET ADDRESS (If rural, give location):

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Oct 22 1885
9. AGE (In years last birthday): 64
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Painter
10B. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): Carroll Co
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John D Biehl
14. MOTHER'S MAIDEN NAME: Laura Sellman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Sellman Biehl
ADDRESS: Westminster Md

MEDICAL CERTIFICATION

18. 480 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3d.

DUE TO

ANTECEDENT CAUSES

(B) Grippe — 3wks.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 26 Mar, 1950, *to* 1 Apr, 1950, *that I last saw the deceased alive on* 1 Apr, 1950 *and that death occurred at* 5:35 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: J Hullard M. D.
23B. ADDRESS: Volunteers Hospital
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 3 50
24C. NAME OF CEMETERY OR CREMATORY: Westminster Cem.
24D. LOCATION (City, town, or county) (State): Westminster Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: H. Barnard Sen
ADDRESS: Westminster Md.

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

340V9

33a

536

50 3031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3031

BIRTH NO. 49-24849

1. NAME OF DECEASED (Type or Print): REGINA ANDERSON

2. DATE OF DEATH: 3/30/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIV. HOSP.
C. Length of stay in Baltimore: 4 Mos. (~~Yrs.~~ ~~Days~~)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO 14-02
D. STREET ADDRESS (If rural, give location): 1411 ARGYLE AVE

5. SEX: FEMALE
6. COLOR OR RACE: COL.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): (circled)
8. DATE OF BIRTH: NOV 14, 1949
9. AGE (In years last birthday): If Under 1 Year: Months 4, Days 16; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): BALTO, MD
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: CHRISTOPHER ANDERSON
14. MOTHER'S MAIDEN NAME: MARIAN DYSON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mother
ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) SEPTICEMIA — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) PNEUMONIA

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/29, 1950, *to* 3/30, 1950, *that I last saw the deceased alive on* 3/30, 1950, *and that death occurred at* 5:00 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: John J. Strahan M. D.
23B. ADDRESS: Univ. Hosp.
23C. DATE SIGNED: 3/31/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 1, 1950
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Pk.
24D. LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 Druid Hill Ave

VS 150

109B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

R-200 3032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3032

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LENA D. ROACH

2. DATE OF DEATH: Mar. 31, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4024 Deepwood Rd.
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-01
D. STREET ADDRESS (If rural, give location): 2230 Kentucky Ave.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug. 10, 1873
9. AGE (In years last birthday): 76 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Huermann
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mrs. George Wills — ADDRESS: 1906 E. 29th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerosis — 10 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Senility — 10 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): none
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): none
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): non
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: none
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? none

22. *I hereby certify that I attended the deceased from* March 30, 1950, *to* March 31, 1950, *that I last saw the deceased alive on* March 31, 1950, *and that death occurred at* 8:40 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. S. Chalfant M. D.
23B. ADDRESS: 6710 York Rd
23C. DATE SIGNED: April 1, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/3/50
24C. NAME OF CEMETERY OR CREMATORY: Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 2 - 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto Md.

VS 150

94a

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-620 59 3033 PRUS 59 3033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John J. Prus or Pruss.

2. DATE OF DEATH: 3/30/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: 40 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 26-07
D. STREET ADDRESS (If rural, give location): 3809 Hudson St.

5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 6, 1877
9. AGE (In years last birthday): 72 | If Under 1 Year: Months: Days: | If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED LAB.
10B. KIND OF BUSINESS OR INDUSTRY: B+O. R.R. Co.
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jacob Prus or Pruss
14. MOTHER'S MAIDEN NAME: Mary Wachowiak
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Tillie Prus (Pruss) ADDRESS: 3809 Hudson St.

MEDICAL CERTIFICATION

18. 153X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Failure

DUE TO

ANTECEDENT CAUSES

(B) generalized peritonitis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO breakdown of suture line in ileo-colonostomy

(C) Carcinoma of rectum

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4/50, 19__, to 3/30/50, 19__, that I last saw the deceased alive on 3/30/50, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE: John J. Paquette M. D.
23B. ADDRESS: Mercy Hosp.
23C. DATE SIGNED: 3/30/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-3-50
24C. NAME OF CEMETERY OR CREMATORY: St. Stanislaus Cem.
24D. LOCATION (City, town, or county) (State): Dundalk Ave, Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 2 - 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Charles L. Zeiler
ADDRESS: 901 S. Conkling St.

VS 150

988 49 46E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Rl
0159
Sl Stumbles

P-260

50 3034

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3034

Registered No.

1. NAME OF DECEASED (Type or Print): Ellen H. Peacher

2. DATE OF DEATH: 3-31-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore General Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 1951 Ridgehill Ave.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Feb. 22, 1898
9. AGE (In years last birthday): 52
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: - Artz
14. MOTHER'S MAIDEN NAME: -

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Nora Schollian
ADDRESS: West Shore Rd. Greenhaven Md

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: approx 1 yr.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Lymphosarcoma. — 2 years.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/22/50, 19__, *to* 3/31, 1950, *that I last saw the deceased alive on* 3/31, 1950, *and that death occurred at* 11:15 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph Shear M. D.
23B. ADDRESS: WBGH
23C. DATE SIGNED: 4-1-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/4/50
24C. NAME OF CEMETERY OR CREMATORY: Glen Haven Cem.
24D. LOCATION (City, town, or county) (State): A. A Co, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 2 - 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto Md.

VS 150

55E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-656 FRANCES T. WERNER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 50 3035

Registered No. 50 3035

1. NAME OF DECEASED (Type or Print): FRANCES T. WERNER

2. DATE OF DEATH: MARCH 31 / 50

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto MD

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 811 S. GLOVER

C. Length of stay in Baltimore: Yrs. 56 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: BALTO.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO. 1-04
D. STREET ADDRESS (If rural, give location): 811 S. GLOVER ST.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: MARCH 30, 1883
9. AGE (In years last birthday): 67
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CANNING
10B. KIND OF BUSINESS OR INDUSTRY: PACKING
11. BIRTHPLACE (State or foreign country): POLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ANTHONY KOCENT
14. MOTHER'S MAIDEN NAME: MARY KASZUBA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-01-8547
17. INFORMANT: ELIZABETH WERNER ADDRESS: 811 S. GLOVER

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio Vascular Disease — 3 yrs

DUE TO

(B) Acute Cardiac Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947 to March, 1950; that I last saw the deceased alive on March 31, 1950, and that death occurred at 11 50 p.m. from the causes and on the date stated above.

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 911 Eastern Ave
23C. DATE SIGNED: 4/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: APRIL 4, 1950
24C. NAME OF CEMETERY OR CREMATORY: ST. STANISLAUS
24D. LOCATION (City, town, or county) (State): DUNDALK AVE

DATE RECEIVED BY LOCAL REGISTRAR: APR 2 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Stephen J. Falkowski Inc.
ADDRESS: 1000 S. Kenwood Ave.

VS 150

496X1

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MS. B623 50 3036

BIRTH NO. 50 3036

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3036

1. NAME OF DECEASED (Type or Print): James Brockton

2. DATE OF DEATH: Mar. 29, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: 8 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-03
D. STREET ADDRESS (If rural, give location): 804 N. Bruce St.

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Mar. 20, 1927
9. AGE (In years last birthday): 23 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: POULTRY (RET.)
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Julius Brockton
14. MOTHER'S MAIDEN NAME: Emma Museck
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records* B.C.H.--4940 Eastern Ave. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-6- *, 19*49*, to* 3-29- *, 19*50*, that I last saw the deceased alive on* 3-29- *, 19*50*, and that death occurred at* 5:15 A.m.*, from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 3-30-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/2/50
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary
24D. LOCATION (City, town, or county) (State): Cedar Hill

DATE RECEIVED BY LOCAL REGISTRAR: APR 2 - 1950
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: A. Halstead
ADDRESS: 918 - Druid Hill Ave.

VS 150

98867

13B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0-425
50 3037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3037
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Cecelia P. Olson.

2. DATE OF DEATH: 3/31/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hosp.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 26-03
D. STREET ADDRESS (If rural, give location): 3516 Elmley Ave

5. SEX: Female
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1/5/1887
9. AGE (In years last birthday): 63
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: (Unknown) Olson
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Eric V. Olson — ADDRESS: 3516 Elmley Ave

MEDICAL CERTIFICATION

18. 25 r. 0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypostatic pneumonia secondary — Unknown

DUE TO

ANTECEDENT CAUSES

(B) Congestive heart failure

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Arteriosclerotic Cardio-Vascular Dis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchopneumonia

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1950, *to* March 31, 1950, *that I last saw the deceased alive on* Mar 31, 1950, *and that death occurred at* 9:12 AM *m., from the causes and on the date stated above.*

23A. SIGNATURE: R. H. Wenham M.D. — M. D.
23B. ADDRESS: Sinai Hosp.
23C. DATE SIGNED: 3/31/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/3/50
24C. NAME OF CEMETERY OR CREMATORY: Moreland Park
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 2 - 1950
REGISTRAR'S SIGNATURE: Deputy Registrar
25. FUNERAL DIRECTOR: William Cole Jr.
ADDRESS: 1217 S. Conkling St

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63 B

C-565
50 3038

50 3038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CLARENCE A. CAMERON

2. DATE OF DEATH: April 1, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2436 N. Charles St.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-06
D. STREET ADDRESS (If rural, give location): 2436 N. Charles St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 9, 1869
9. AGE (in years last birthday): 80
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Four Besche Bros
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alexander Cameron
14. MOTHER'S MAIDEN NAME: Jennie VanDusen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Lettie E. Cameron, ADDRESS: 2436 N. Charles St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage causing Hemiplegia - r. side — INTERVAL BETWEEN ONSET AND DEATH: 9 hrs
DUE TO Hypertension Cardio-vascular disease — 10 yrs
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 3, 1950 *to* April 1, 1950, *that I last saw the deceased alive on* MAR. 31, 1950 *and that death occurred at* 6:30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Lloyd E. Saylor M. D.
23B. ADDRESS: 3902 Greenmount Ave.
23C. DATE SIGNED: April 1, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/4/50
24C. NAME OF CEMETERY OR CREMATORY: Prospect Hill
24D. LOCATION (City, town, or county) (State): Towson, Md.

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: William Cook, Inc., ADDRESS: 1217 St. Paul St.

APR 2 1950

VS 150

93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-622

BIRTH NO. 50 3039

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 50 3039
Registered No.

1. NAME OF DECEASED (Type or Print): Louise Marquess

2. DATE OF DEATH: April 1, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Calvert
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Prince
D. STREET ADDRESS (If rural, give location): 5400

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-11-20
9. AGE (In years last birthday): 30 29 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic myelogenous leukemia

DUE TO

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pulmonary infarction

DUE TO

(C) Left thrombophlebitis

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

204.1

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-25, 1950 *to* 4-1, 1950 *that I last saw the deceased alive on* 4-1, 1950, *and that death occurred at* 4:05 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wacter L. Arons M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4-1-50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4-5-50
24C. NAME OF CEMETERY OR CREMATORY: Glen Wood
24D. LOCATION (City, town, or county) (State): District of Columbia

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE: Winington Williams
25. FUNERAL DIRECTOR: W. H. Hutchins & Sons
ADDRESS: Owings, Md.

VS 150

APR 2 - 1950

74a

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

T-600

50 3040

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3040

Registered No.

1. NAME OF DECEASED (Type or Print): MRS. MARY E. TIER

2. DATE OF DEATH: MAR. 31, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2810 Winchester St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —
C. Length of stay in Baltimore: 55 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE - 16-07
D. STREET ADDRESS (If rural, give location): 2810 WINCHESTER ST.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG. 7-1879
9. AGE (In years last birthday): 70 71
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): ANNAPOLIS - Md
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: John ~~TIER~~ HIPKINS
14. MOTHER'S MAIDEN NAME: Elizabeth ~~HIPKINS~~ BROOKS.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: MRS. HUGH KENNEDY
ADDRESS: 2810 WINCHESTER

MEDICAL CERTIFICATION

18. 196X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma Ileum — INTERVAL BETWEEN ONSET AND DEATH: Jan 15-1948

DUE TO Lumbar Vertebrae

(B) ✓

DUE TO Malignant Cachexia

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): none
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): ✓
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): ✓
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Jan 15, 1948 to Mar 31, 1950, that I last saw the deceased alive on Mar 30, 1950, and that death occurred at 1 A.m., from the causes and on the date stated above.

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 1219 Poplar Grove
23C. DATE SIGNED: 3/31/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: APR. 3-1950
24C. NAME OF CEMETERY OR CREMATORY: ST. ANN'S CEMETERY
24D. LOCATION (City, town, or county) (State): ANNAPOLIS. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 2-1950
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: THOMAS J. KENNY - INC.
ADDRESS: 1600 Hollins St

55B

PLEASE WRITE PLAINLY. PHYSICIANS: Everything is important. Be sure to answer all questions. Supply the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

200

BIRTH NO. 50 3041

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3041

1. NAME OF DECEASED (Type or Print): Walter Webb Houck

2. DATE OF DEATH: April 1, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital

C. Length of stay in Baltimore Life — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 23-02
D. STREET ADDRESS (If rural, give location): 1628 So. Charles Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 5 1883
9. AGE (In years last birthday): 66 yrs. If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker of Park
10B. KIND OF BUSINESS OR INDUSTRY: City Parks
11. BIRTHPLACE (State or foreign country): Maryland (Balto City)
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Houck
14. MOTHER'S MAIDEN NAME: Louisa ~~Houck~~ A. Pickson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): ~~Unknown~~ NO
16. SOCIAL SECURITY NO.: 214-03-1144
17. INFORMANT: Mrs. Minnie A. Houck - (wife) ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Tuberculous meningitis — INTERVAL BETWEEN ONSET AND DEATH: 20 days

DUE TO

(B) Pulmonary tuberculosis (right)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: Carcinoma of the right lung (bronchogenic)

162X 002X 163X 002X

over

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 19, 1950, *to* April 1, 1950, *that I last saw the deceased alive on* 9 [illegible], 1950, *and that death occurred at* 9 10 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: W. F. Coy 3rd M. D.
23B. ADDRESS: Union Memorial Hosp.
23C. DATE SIGNED: 4/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial —
24B. DATE: Tues. April 4, 1950
24C. NAME OF CEMETERY OR CREMATORY: London Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 2 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: R. Howard Evans
ADDRESS: 1400 S. Charles St. Baltimore 30, Md.

VS 150 APR 2 1950 Huntington Publishing Co.

90498 47C

PLEASE WRITE PLAINLY, WITH INDELIBLE INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See Document File 50-3041
6.26.50
ES

632 50 3042

Bridges

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3042

BIRTH NO. 50-08981

1. NAME OF DECEASED (Type or Print): BRIDGES, Baby Girl

2. DATE OF DEATH: 3-23-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U of Md Hosp
C. Length of stay in Baltimore: Yrs. life Mos. Days 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 15-01
D. STREET ADDRESS (If rural, give location): 1444 Mountmor Ct #17

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 3-22-50
9. AGE (In years last birthday): If Under 1 Year: Months / Days: 1 / If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Lee Bridges
14. MOTHER'S MAIDEN NAME: R Lillie Bouzie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Father ADDRESS: 1444 Mountmor Ct.

MEDICAL CERTIFICATION

18. 776X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Prematurity Spontaneous Abortion — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Spontaneous Abortion

DUE TO

(C) Cause unk

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-22, 1950, *to* 3-23, 1950, *that I last saw the deceased alive on* 3-23, 1950, *and that death occurred at* 6:30 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: Univ of Md Hosp
23C. DATE SIGNED: 3-23-50

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State):

UNIVERSITY MEDICAL SCHOOL MAR 3 1950

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR:
ADDRESS:

Commissioner of Health

VS 150

159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

500

50 3043

BIRTH NO. 50-06582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3043

Registered No.

1. NAME OF DECEASED (Type or Print): BABY BOY DEMMY

2. DATE OF DEATH: MARCH 21, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL
c. Length of stay in Baltimore: 2 ~~Yrs.~~ ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 526
D. STREET ADDRESS (If rural, give location): 5083 ORVILLE AVENUE

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: MARCH 19, 1950
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 2 Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: NICHOLAS DEMMY
14. MOTHER'S MAIDEN NAME: GLEAN ELIZABETH WELLS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: FATHER
ADDRESS: 5083 ORVILLE

MEDICAL CERTIFICATION

18. 762.5

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) fetal atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

(B) Premature separation of placenta

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-19, 1950, *to* 3-21, 1950, *that I last saw the deceased alive on* 3-21, 1950, *and that death occurred at* 10:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Jerome Sulzer M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: March 23, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL MAR 3 1950

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR
ADDRESS

Commissioner of Health

VS 150

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

520

50 3044

BIRTH NO. 50-05418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3044

1. NAME OF DECEASED (Type or Print): Deborah Long.

2. DATE OF DEATH: 3-11-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland Maryland General Hosp
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hosp.
C. Length of stay in Baltimore 8 hrs. 13 minute (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Sparrows Point
D. STREET ADDRESS (If rural, give location): 7335 Geise Ave Sparrows Pt

5. SEX: Female
6. COLOR OR RACE: Wht.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 3-10-50
9. AGE (In years last birthday): If Under 1 Year: Months: Days: If Under 24 Hours: Hours: 8 Min.: 13

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: George Richard Long
14. MOTHER'S MAIDEN NAME: Margaret H Crowell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Leslie Walker M.D. ADDRESS: Md. Gen. Hosp.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 32 wks.

DUE TO

(B) Premature Seperation of the placenta

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): no
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): none.
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Born Md. Gen Hosp. 3-10-50
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-9-50, 1950, *to* 3-11, 1950, *that I last saw the deceased alive on* 3-, 19, *and that death occurred at* 8:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Leslie A Walker M. D.
23B. ADDRESS: Md. General Hosp.
23C. DATE SIGNED: 3/30/50

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL MAR 3 1 1950

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Hunter for Hillman M.D.
25. FUNERAL DIRECTOR
ADDRESS

Commissioner of Health

Vs 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

452

50 3045

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3045

1. NAME OF DECEASED (Type or Print): Rose A. Dollenger

2. DATE OF DEATH: 3.31.1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Doctors Hospital
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctors Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-03
D. STREET ADDRESS (If rural, give location): 2213 N. Fulton Ave

5. SEX: Female
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug 9/1893
9. AGE (In years last birthday): 56 — If Under 1 Year: Months 7, Days 22 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): upholsterer
10B. KIND OF BUSINESS OR INDUSTRY: Furniture repair
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John A. Dollenger
14. MOTHER'S MAIDEN NAME: Bertha Pieper

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-03-7835
17. INFORMANT: Mr Louis Dollenger — ADDRESS 6222 Kenwood Ave

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute coronary infarct — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerosis. — 3 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3.28., 1950, *to* 3.31, 1950, *that I last saw the deceased alive on* 3.31, 1950, *and that death occurred at* 7 30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Louis J Gus MD M. D.
23B. ADDRESS: 2730 N Charles St
23C. DATE SIGNED: 3/31/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/3/50
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Lucille Williams
25. FUNERAL DIRECTOR: Philip Herrig Sons
ADDRESS: 2024 Arlington Ave

VS 150

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94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

536

50 3046

BIRTH NO. 49-28286

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3046

1. NAME OF DECEASED (Type or Print): JOAN RONDRONE

2. DATE OF DEATH: March 26, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 2-02
D. STREET ADDRESS (If rural, give location): 229 S. Durham St.

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): U
8. DATE OF BIRTH: U
9. AGE (In years last birthday): If Under 1 Year: Months 2½; Days; If Under 24 Hours: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): K
10B. KIND OF BUSINESS OR INDUSTRY: K
11. BIRTHPLACE (State or foreign country): U
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: N O
14. MOTHER'S MAIDEN NAME: U

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): N
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: N
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobular pneumonia

DUE TO upper respiratory infection

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Aspiration of vomitus - terminal

INTERVAL BETWEEN ONSET AND DEATH

490.X

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: R. S. Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: March 27, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL MAR 3 1 1950
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS

VS 151

107

PLEASE WRITE PLAINLY, WITH INKPADDING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

525 50 3047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

00 Registered No. 50 3047

BIRTH NO.

1. NAME OF DECEASED (Type or Print): UNKNOWN

2. DATE OF DEATH: March 28, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Found floating in Jones Falls Pier 6 Fratt St
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: UNKNOWN
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 20-04
D. STREET ADDRESS (If rural, give location): UNKNOWN

5. SEX: Female
6. COLOR OR RACE: White (?)
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: UNKNOWN
9. AGE (In years last birthday): UNKNOWN
If Under 1 Year: Months / Days: 1 / Hours / Min.
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): UNKNOWN
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): UNKNOWN
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: UNKNOWN
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) Drowning

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

E 983 X

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Falls---water
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Jones Falls
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Found March 28, 1950 m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR?: Found floating in Jones Falls

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: H. J. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 3-29-50

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL
24D. LOCATION (City, town, or county) (State): MAR 3 1 1950

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS:

VS 151

N - 990

168

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

-525 50 3048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3048

Registered No.

BIRTH NO. 50-10275

1. NAME OF DECEASED (Type or Print): BABY JOHNSON

2. DATE OF DEATH: March 23, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 528 Roberts Street
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-03
D. STREET ADDRESS (If rural, give location): 528 Roberts Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): U
8. DATE OF BIRTH: U
9. AGE (In years last birthday): If Under 1 Year: Months: Days: If Under 24 Hours: Hours: 6 Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N
10B. KIND OF BUSINESS OR INDUSTRY: KN
11. BIRTHPLACE (State or foreign country): N K
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: N O
14. MOTHER'S MAIDEN NAME: N O
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): W
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: N
17. INFORMANT: N
ADDRESS:

MEDICAL CERTIFICATION

18. 76210

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital Atelectasis

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: M.D.
23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 3/29/50

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL MAR 31 1950
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: MAR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS

VS 151

161a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W+452

50 3049

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3049

Registered No.

1. NAME OF DECEASED (Type or Print): JOSEPHINE WILLIAMS

2. DATE OF DEATH: 3-31-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FRANKLIN SQUARE HOSPITAL
36
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-02
D. STREET ADDRESS (If rural, give location): 1432 Dumas St

5. SEX: F
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1900
9. AGE (In years last birthday): 49
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAID
10B. KIND OF BUSINESS OR INDUSTRY: Private
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HENSEN DORSEY
14. MOTHER'S MAIDEN NAME: ROSIE FRANCIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: RECORDS - FRANKLIN SQUARE HOSP.
ADDRESS:

MEDICAL CERTIFICATION

18. 331 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular accident

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-30, 1950, *to* 3-31, 1950, *that I last saw the deceased alive on* 3-31, 1950, *and that death occurred at* 8 45 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Ben Blum M. D.
23B. ADDRESS: Frank. Sq. Hosp
23C. DATE SIGNED: 4-1-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 4, 1950
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Pk.
24D. LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Lillington Williams
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 631 Druid Hill Ave

VS 150

52086

83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B+200

50 3050

50 3050

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Mary C. Bush

2. DATE OF DEATH: 3.30.50

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2526 McCulloh St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-03
D. STREET ADDRESS (If rural, give location): 2526 McCulloh St

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 5.11.1879
9. AGE (In years last birthday): 70 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Flint
14. MOTHER'S MAIDEN NAME: Mary Rose Grooms

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs Marguerite Bush ADDRESS: 2526 McCulloh St

MEDICAL CERTIFICATION

18. 442X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) hypertensive cardio-renal disease (cardiac decompensation) — INTERVAL BETWEEN ONSET AND DEATH: ? yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

arterio-sclerosis

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-1, 1950 *to* 3-30, 1950 *that I last saw the deceased alive on* 3-25, 1950. *and that death occurred at* 8:20 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature]
23B. ADDRESS: WARNER BROWNE, M. D. 1500 EAST MADISON ST. BALTIMORE, MD.
23C. DATE SIGNED: 4/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 3, 1950
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral ~~Urbanus Mem. Pk.~~
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home ADDRESS: 1631 Druid Hill Ave.

VS 150

131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E-152

50 3051

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3051

1. NAME OF DECEASED (Type or Print): George Evans

2. DATE OF DEATH: April 1, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland — Surg Hel 2 G.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-01
D. STREET ADDRESS (If rural, give location): 253 Robert St.

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-28-'89
9. AGE (In years last birthday): 60
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor
10B. KIND OF BUSINESS OR INDUSTRY: Hauling
11. BIRTHPLACE (State or foreign country): Gloucester Co. Va
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Lewis Evans
14. MOTHER'S MAIDEN NAME: Francis Cook

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. 420.1 I / 53X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 20 min

DUE TO Coronary artery disease

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma of Sigmoid Colon

19A. DATE OF OPERATION: 4-1-50
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Sigmoid Colon
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): ~~4-1-50 9:55 P.M.~~
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-2-, 1950, *to* 4-1-, 1950, *that I last saw the deceased alive on* 4-1-, 1950, *and that death occurred at* 9:55 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Walter Lawrence M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4-1-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 4, 1950
24C. NAME OF CEMETERY OR CREMATORY: Family lot
24D. LOCATION (City, town, or county) (State): Anne Arundel Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1837 Druid Hill Ave.

VS 150

15650

46E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

400

50 3052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3052

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Oliver Cook

2. DATE OF DEATH: 3/25/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto Md 21-02
D. STREET ADDRESS (If rural, give location): 915 Ryan St

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): U
8. DATE OF BIRTH: U
9. AGE (In years last birthday): 83
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N
10B. KIND OF BUSINESS OR INDUSTRY: K
11. BIRTHPLACE (State or foreign country): N K
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: N O
14. MOTHER'S MAIDEN NAME: N O

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): N
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: N
17. INFORMANT: N
ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 4/22/

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic C-V disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: O. L. Palumbo M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 3/26/50

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL MAR 3 1 1950

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR
ADDRESS

Commissioner of Health

VS 151

93D

correct age is especially important. Physicians: please write the causes of death clearly and

530 50 3053

SNRAd

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3053
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Isaac Snead

2. DATE OF DEATH: 3/25/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto Md 17-01
D. STREET ADDRESS (If rural, give location): 716 Davidhill Ave

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): U
8. DATE OF BIRTH: U
9. AGE (In years last birthday): 73
If Under 1 Year: Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: K
11. BIRTHPLACE (State or foreign country): K
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: N O
14. MOTHER'S MAIDEN NAME: N O

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: N
17. INFORMANT: N
ADDRESS:

MEDICAL CERTIFICATION

18. 442X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-Renal Disease

DUE TO

(B) Bronchial Asthma

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: C. L. Salumbe M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 3/26/50

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL
24D. LOCATION (City, town, or county) (State): MAR 31 1950

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR:
ADDRESS:
Commissioner of Health

VS 151

131a

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

CERTIFICATE CORRECTED 6-16-50

736

50 3054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3054

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William Edward FOSTER, Jr.

2. DATE OF DEATH: March 25, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Provident Hospital
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Marylamd
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17-01
D. STREET ADDRESS (If rural, give location): 537 Moore Alley

5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): U Married
8. DATE OF BIRTH: Sept. 22, 1900
9. AGE (In years last birthday): 49 (~~50~~)
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur
10B. KIND OF BUSINESS OR INDUSTRY: Coal Truck
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Edward Foster, Sr.
14. MOTHER'S MAIDEN NAME: Marie Cole

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ethel Beatrice Foster-Wife
ADDRESS: 710 Brune St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute alcoholism — INTERVAL BETWEEN ONSET AND DEATH

DUE TO chronic alcoholism

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: March 25, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/ /50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvery Cem.
24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL MAR 31 1950

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Robt. E. Williams
ADDRESS:

Commissioner of Health

VS 151

77D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

530

50 3055

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3055

Registered No.

1. NAME OF DECEASED (Type or Print): John Albert Schmid, Sr.

2. DATE OF DEATH: March 31, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location): St. Joseph's Hosp.
C. Length of stay in Baltimore: 44 yr. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-06
D. STREET ADDRESS (If rural, give location): 6406 Old Harford Rd.

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 27-1889
9. AGE (In years last birthday): 61
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist
10B. KIND OF BUSINESS OR INDUSTRY: Proprietor, Drug Store
11. BIRTHPLACE (State or foreign country): Philadelphia
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Schmid
14. MOTHER'S MAIDEN NAME: Theresa Gladden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Bride C. Schmid ADDRESS: 6406 Old Harford Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 19, 1950 *to* March 31, 1950 *that I last saw the deceased alive on* March 31, 1950, *and that death occurred at* 10:35 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: S. K. Kaan M. D.
23B. ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: March 31, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/3/50
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Parkville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: [illegible] Williams M.D.
25. FUNERAL DIRECTOR: E. J. Fanning Jr. ADDRESS: 1938 E. Lafayette Av.

VS 150

V3070

94a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

260

50 3056
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3056

1. NAME OF DECEASED (Type or Print): Louis Geiger Sr.

2. DATE OF DEATH: March 31, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 23 S. Washington St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 2-01
D. STREET ADDRESS (If rural, give location): 23 S. Washington St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 22 - 1895
9. AGE (In years last birthday): 55 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur
10B. KIND OF BUSINESS OR INDUSTRY: Gulf Oil Company
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): W.W. #1
16. SOCIAL SECURITY NO.: 218-05-6386
17. INFORMANT: Madeline Geiger — ADDRESS: 23 S. Washington St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Sept 1949
DUE TO Arteriosclerosis — before 1949

ANTECEDENT CAUSES

(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 19, 1949, *to* Mar 31, 1950, *that I last saw the deceased alive on* Mar 30, 1950, *and that death occurred at* 9 00 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: George S. Lefsky M. D.
23B. ADDRESS: 426 S Patterson Park Ave
23C. DATE SIGNED: 3/31/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 3-1950
24C. NAME OF CEMETERY OR CREMATORY: Baltimore
24D. LOCATION (City, town, or county) (State): Baltimore City Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: George A. Weber — ADDRESS: 205 S. Ann st

VS 150

42060

93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3057

BIRTH NO. 50 3057

1. NAME OF DECEASED (Type or Print): JOHN E. CHOATE

2. DATE OF DEATH: April 1, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 4-01
D. STREET ADDRESS (If rural, give location): 201 W. Franklin Street

5. SEX: male
6. COLOR OR RACE: white
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: Aug. 11, 1892
9. AGE (in years last birthday): 57
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Linotype Operator
10B. KIND OF BUSINESS OR INDUSTRY: News-Post
11. BIRTHPLACE (State or foreign country): Huntsville, Texas
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Choate
14. MOTHER'S MAIDEN NAME: Linda D Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Miller, ADDRESS: 320 Murray Bldg

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 443X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: M. J. McClafferty, M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: April 1, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/3/50
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: 1217 St Paul St

VS 151

31014

93

431

50 3058

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3058

Registered No.

1. NAME OF DECEASED (Type or Print): Samuel Goldberg

2. DATE OF DEATH: 4/1/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Unknown (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 4-02
D. STREET ADDRESS (If rural, give location): 526 W. Baltimore St. Zone 1

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 1894
9. AGE (In years last birthday): 55 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): pipe fitter
10B. KIND OF BUSINESS OR INDUSTRY: construction
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Max Goldberg
14. MOTHER'S MAIDEN NAME: Sophie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): not known
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: wife — ADDRESS: 526 W. Baltimore St

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral embolism — 7½ days

DUE TO

(B) auricular fibrillation — less than 3 yrs

DUE TO

(C) old coronary thrombosis — 3 yrs
arteriosclerotic C.V.D. — several years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(a) Bronchitis or early bronchopneumonia — 3 wks
(b) Pulmonary congestion & edema — 5 days

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/27, 1950, *to* 3/31, 1950, *that I last saw the deceased alive on* 3/31, 1950, *and that death occurred at* 3:43 A m. 4/1/50 *from the causes and on the date stated above.*

23A. SIGNATURE: JR Hamtins M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 4/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 4, 1950
24C. NAME OF CEMETERY OR CREMATORY: Philadelphia Pa
24D. LOCATION (City, town, or county) (State): Pa.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Christina M. Williams, M.D.
25. FUNERAL DIRECTOR: Sol Levinson & Bros
ADDRESS: 1126 W North Ave

VS 150

348V9

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

652
50 3059
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3059
Registered No.

1. NAME OF DECEASED (Type or Print): NAOMI BERNSTEIN

2. DATE OF DEATH: March 31, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 60 1701 Ellamont Street
C. Length of stay in Baltimore: 56 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-05
D. STREET ADDRESS (If rural, give location): 2324 Ocala Avenue

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: 1871
9. AGE (In years last birthday): 78
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Abraham Silverman
14. MOTHER'S MAIDEN NAME: Sarah ????

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Simon Bernstein
ADDRESS: 2324 Ocala Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Bronchopneumonia - Terminal	12 hrs
DUE TO		
ANTECEDENT CAUSES	(B) Carcinoma uterus with metastasis	5 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Generalized arteriosclerosis	9 yrs

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): None
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/30, 1950 *to* 3/31, 1950 *that I last saw the deceased alive on* 3/31, 1950 *and that death occurred at* 9:20 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Maurice Feldman M. D.
23B. ADDRESS: 817 St Paul St
23C. DATE SIGNED: 4/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-4-50
24C. NAME OF CEMETERY OR CREMATORY: Bnai Israel Cong.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Sol. Levinson & Bros.
ADDRESS: 1124-26 W North Ave.

VS 150

48 B

PLEASE WRITE CLEARLY, with indelible ink. Entry of information is necessary for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

330

50 3060
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3060

1. NAME OF DECEASED (Type or Print): FRANCIS MARTIN STOUT
2. DATE OF DEATH: APRIL 1, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland: HOME.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2404 E. MONUMENT ST.
C. Length of stay in Baltimore: LIFE. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 7-02
D. STREET ADDRESS (If rural, give location): 2404 E. MONUMENT ST.

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MARCH 9, 1883
9. AGE (In years last birthday): 67 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TAXI DRIVER
10B. KIND OF BUSINESS OR INDUSTRY: TAXI CAB.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANCIS STOUT
14. MOTHER'S MAIDEN NAME: ANNE (?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-14-9583
17. INFORMANT: SON VERNON STOUT ADDRESS: 2404 E. MONUMENT ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: SUDDEN
DUE TO
(B) BRONCHO-PNEUMONIA — 3-2-50
DUE TO
(C) ARTERIOSCLEROTIC HEART DISEASE — YEARS.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: NONE
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): NO
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-20-, 1950 *to* APR. 1, 1950, *that I last saw the deceased alive on* 3-28, 1950 *and that death occurred at* 1 a. m. *from the causes and on the date stated above.*

23A. SIGNATURE: Arthur Karfgin M. D.
23B. ADDRESS: 4230 HOCH RAVEN BLVD.
23C. DATE SIGNED: 4-1-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 4-1950
24C. NAME OF CEMETERY OR CREMATORY: Balto. Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams
25. FUNERAL DIRECTOR: John A. Miller
ADDRESS: 2334 Jefferson St.

VS 150

4265V 93D

correct age is especially important. Physicians: please write the causes of death clearly and

520
AB-136890
50 3061
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3061
Registered No.

1. NAME OF DECEASED (Type or Print): Nettie Grace Jones

2. DATE OF DEATH: 3-31-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-08
D. STREET ADDRESS (If rural, give location): 3414 Leverton Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 13- 1905
9. AGE (In years last birthday): 44 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Wm. Baldwin (Dec.
14. MOTHER'S MAIDEN NAME: Bertha Hawkins (Dec.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Baltimore City Hospitals Records: ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. 443X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Gastric Hemorrhage

DUE TO

(B) Generalized Arteriosclerosis and Hypertensive Cardio-Vascular Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: March 28-1950
19B. MAJOR FINDINGS OF OPERATION: Gastro Intestinal Bleeding
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-27- *, 19*50 *to* 3-31- *, 19*50*, that I last saw the deceased alive on* 3-31- *, 19*50*. and that death occurred at* 4.50A *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. S. Ogyen M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 3-31-1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 3-50
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Twittington Williams, M.D.
25. FUNERAL DIRECTOR: John A. Miller
ADDRESS: 2334 Jefferson St.

VS 150

937

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

652

JL- 136594

50 3062

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3062

Registered No.

1. NAME OF DECEASED (Type or Print): John Gilbert Francis

2. DATE OF DEATH: 4-1-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-06
D. STREET ADDRESS (If rural, give location): 1105 Bonsal Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 11, 1908
9. AGE (In years last birthday): 41 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST
10B. KIND OF BUSINESS OR INDUSTRY: STANDARD OIL CO
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Flynn Francis
14. MOTHER'S MAIDEN NAME: Addie Bell Francis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: B. C. H. Records, 4940 Eastern Ave. — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Infiltrating Glioma of the Brain Stem — INTERVAL BETWEEN ONSET AND DEATH: 193X

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: March 26, 1950
19B. MAJOR FINDINGS OF OPERATION: Brain stemglioma c̄ internal Hydrocephalus
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-15-50, 19__, *to* April 1, 1950, *that I last saw the deceased alive on* April 1, 1950 *and that death occurred at* 9.25 AM/PM, *from the causes and on the date stated above.*

23A. SIGNATURE: J. S. Rogers M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 4-1-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 5-50
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Pk. Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John R. Miller
ADDRESS: 2334 Jefferson St

VS 150

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54a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

400

50 3063

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3063

Registered No.

1. NAME OF DECEASED (Type or Print): JOHN MOALE

2. DATE OF DEATH: April 2, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4503 Springdale Avenue
C. Length of stay in Baltimore: 73 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 28-02
D. STREET ADDRESS (If rural, give location): 4503 Springdale Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 5, 1877
9. AGE (In years last birthday): 73 — If Under 1 Year: Months: Days: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agent Old Bay Line
10B. KIND OF BUSINESS OR INDUSTRY: Steamship
11. BIRTHPLACE (State or foreign country): Balto Maryland
12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME: Henry Moale
14. MOTHER'S MAIDEN NAME: Margretta Elder
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): Spanish American War
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. May Moale — ADDRESS: 4503 Springdale Av

MEDICAL CERTIFICATION

18. 443X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Hypertensive cardiovascular disease — 4 yrs.

DUE TO

(B) Arteriosclerotic cardiovascular disease — 10 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 12, 1949, to April 12, 1950, that I last saw the deceased alive on March 31, 1950, and that death occurred at 7.30 A m., from the causes and on the date stated above.

23A. SIGNATURE: Millard T. Trabod Jr M. D.
23B. ADDRESS: 3400 Woodbine Ave, Balt. 7
23C. DATE SIGNED: 4/2/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 4 1950
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery
24D. LOCATION (City, town, or county) (State): Balto Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Willis Lawrence
ADDRESS: 4510 Liberty Heights Ave

VS 150

24451

93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

300

BIRTH NO. 50 3064

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3064

1. NAME OF DECEASED (Type or Print): MARY E. LLOYD

2. DATE OF DEATH: April 1, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1243 W. Lombard Street
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18-03
D. STREET ADDRESS (If rural, give location): 1243 W. Lombard Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-19-1899
9. AGE (In years last birthday): 50 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Grap
14. MOTHER'S MAIDEN NAME: Anna Popp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mr. Charles T. Lloyd — ADDRESS: 1243 W. Lombard St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 443X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE: O. P. Schenk M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 4-3-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/5/50
24C. NAME OF CEMETERY OR CREMATORY: St Pauls Cem.
24D. LOCATION (City, town, or county) (State): O'Donnell St Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John J. Cowan & Son
ADDRESS: Hollins 93D St.

VS 151

FILLING WITH CAREFUL ATTENTION. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

450

50 3065

BIRTH NO. 50 3065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3065

1. NAME OF DECEASED (Type or Print): JOHN R. OLWINE

2. DATE OF DEATH: April 1, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-01B
D. STREET ADDRESS (If rural, give location): 3921 Colchester Road

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 26, 1907
9. AGE (In years last birthday): 42 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brick Layer Foreman
10B. KIND OF BUSINESS OR INDUSTRY: Construction Harry Phelan Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John R. Olwine, 2nd
14. MOTHER'S MAIDEN NAME: Mamie Collins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Marie L. Olwine — ADDRESS: 2533 Ashton Street

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. E 900.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cranio-cerebral injury

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3921 Colchester Road
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): March 31, 1950 10:30 P.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Fell down steps from 1st flr. to basement

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 4-1-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-4-50
24C. NAME OF CEMETERY OR CREMATORY: New Balto. National
24D. LOCATION (City, town, or county) (State): 5501 Frederick Avenue, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Winifred Williams, M.D.
25. FUNERAL DIRECTOR: John J. Coward Co. — ADDRESS: 901 Hollins Street

VS 151

N-856.0 306V9 186a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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50 3066

BIRTH NO. 50 3066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Nora M. O'Toole

2. DATE OF DEATH: 3/31/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2533 Ashton St.
C. Length of stay in Baltimore 35 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-05
D. STREET ADDRESS (If rural, give location): 2533 Ashton St.

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 2nd 1893
9. AGE (In years last birthday): 56
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Nolan
14. MOTHER'S MAIDEN NAME: Nappy Healy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mr. Coleman O'Toole
ADDRESS: 2533 Ashton St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of breast, left with widespread metastases — INTERVAL BETWEEN ONSET AND DEATH: 7 years

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 1944
19B. MAJOR FINDINGS OF OPERATION: Carcinoma, left breast, with axillary metastases
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 46 *to* March 31, 19 50, *that I last saw the deceased alive on* March 27, 19 50, *and that death occurred at* 10 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: Edward S. Stafford M. D.
23B. ADDRESS: 11 E. Chase St.
23C. DATE SIGNED: 1 Apr 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/4/50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem
24D. LOCATION (City, town, or county) (State): 4300 Old Frederick Rd

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John J. Cowan & Son
ADDRESS: 90 Collins St.

VS 150

50

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

11 E. Chase St.

420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3067 Registered No.

50 3067 BIRTH NO.

1. NAME OF DECEASED (Type or Print): Saloma A. Lyles

2. DATE OF DEATH: March 30, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 518 N. Monroe St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-01
D. STREET ADDRESS (If rural, give location): 518 N. Monroe St.

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 11, 1899
9. AGE (In years last birthday): 51 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10B. KIND OF BUSINESS OR INDUSTRY: Public
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Steven Preston
14. MOTHER'S MAIDEN NAME: Augusta ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. John K. Lyles — ADDRESS: 518 N. Monroe St.

MEDICAL CERTIFICATION

18. 002X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Tuberculosis — 3 mos.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 27, 1950, *to* Mar. 30, 1950 *that I last saw the deceased alive on* Mar 30, 1950, *and that death occurred at* 10:30 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: Wm. L. Roy Berry M. D.
23B. ADDRESS: 1420 E. Chase
23C. DATE SIGNED: 3-31-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-3-50
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem Park
24D. LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: (Mrs) Frances A. Hemsley — ADDRESS: 578 W. Biddle St.
Mrs. Frances A. Hemsley

VS 150

72071

13B

5-600

50 3068

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3068

Registered No.

1. NAME OF DECEASED (Type or Print): William J. Gray

2. DATE OF DEATH: Mar. 31, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital (DOA)
C. Length of stay in Baltimore: life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore. 28-03
D. STREET ADDRESS (If rural, give location): 1825 N. Forest Park Ave.,

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 11, 1883
9. AGE (In years last birthday): 66
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Instructor
10B. KIND OF BUSINESS OR INDUSTRY: Allied Trade School
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel F. Gray
14. MOTHER'S MAIDEN NAME: Mary V. Fletcher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Beatrice E. Gray
ADDRESS: 1825 N. Forest Pk Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Wm. H. Kammer, Jr. M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: April 1, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-4-50
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: G. Howard Strong
ADDRESS: 3207 W. North Ave.,

VS 151

V3491

93D

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

530

50 3069

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3069

Registered No.

1. NAME OF DECEASED (Type or Print): Emma C Schmidt

2. DATE OF DEATH: Mar 31/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1221 E North Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Yrs. life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 9-09
D. STREET ADDRESS (If rural, give location): 1221 E North Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Aug 16 1886
9. AGE (In years last birthday): 63
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Balto
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Theodore Schmidt
14. MOTHER'S MAIDEN NAME: Gertrude Petz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Mary Yungling
ADDRESS: 1221 E North

MEDICAL CERTIFICATION

18. 260X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Arteriosclerotic — INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO

ANTECEDENT CAUSES

(B) Heart Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Diabetes Mellitus — 4 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Glomerulonephritis — ?

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/1/50, 19__, *to* 3/31/, 1950, *that I last saw the deceased alive on* 3/31, 1950, *and that death occurred at* 1 am., *from the causes and on the date stated above.*

23A. SIGNATURE: Gil Smith M. D.
23B. ADDRESS: 1223 E North Ave
23C. DATE SIGNED: 3/31/50

24A. BURIAL, CREMATION, REMOVAL, (Specify): Burial
24B. DATE: 4/3/50
24C. NAME OF CEMETERY OR CREMATORY: Mt Carmel
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Ulrich Funeral Home
ADDRESS: 2105 Eutaw St

VS 150

61

FIRST WARD PARK ... Physicians: please write the causes of death clearly and legibly. correct age is especially important.

523 KONSTANT 50 3070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 50 3070

1. NAME OF DECEASED (Type or Print): Catherine A. Konstant

2. DATE OF DEATH: Mar. 31, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1750 Eastern Ave
B. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore 4 years (Yrs., Mos., Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN Balto. (If outside corporate limits, write RURAL and give township) 2-02
D. STREET ADDRESS (If rural, give location) 1750 Eastern Ave.

5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: —
9. AGE (In years last birthday): 85 — If Under 1 Year: Months ✓ Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Anthony Konstant
14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Nicholas Konstant — ADDRESS: Same.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) R. Hemiplegia Stroke — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

(B) Hemorrhage - L. Brain

DUE TO

(C) Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25, 1950, to 3-31, 1950, that I last saw the deceased alive on 3-29, 1950, and that death occurred at 12 noon m., from the causes and on the date stated above.

23A. SIGNATURE: George Vato M. D.
23B. ADDRESS: 101 N. Read St.
23C. DATE SIGNED: 4-3-50

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE: 4-3-50
24C. NAME OF CEMETERY OR CREMATORY: Greek Cem.
24D. LOCATION (City, town, or county) (State): Windsor Mill Rd

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Lambros, Inc.
ADDRESS: 440 E. North

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

83a Ave

400 Schuele To be affirmed by medical Examiner

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3071

BIRTH NO. 50 3071

1. NAME OF DECEASED (Type or Print): MARGARET Schuele

2. DATE OF DEATH: 4/1/50

3. PLACE OF DEATH: A. Baltimore City, Maryland Balt.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GEN. HOSP

C. Length of stay in Baltimore: 76 Yrs. - Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Balt. B. COUNTY: Maryland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balt 12-02
D. STREET ADDRESS (If rural, give location): 3121 St. Paul St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH
9. AGE (In years last birthday): 76 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Keller
14. MOTHER'S MAIDEN NAME: Elizabeth Nugent

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Albert F. Schuele — ADDRESS: 3121 St. Paul St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

DUE TO

(B) 1° + 2° Burns of — 2 weeks.

DUE TO

(C) face + buttocks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY R S Fisher for: C. J. Lubinski M. D. CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): accident
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3121 St Paul St #18

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 3-11-50 PM
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Burns from Hot water while bathing

22. I hereby certify that I attended the deceased from 3/12/, 1950, to 4/1/, 1950, that I last saw the deceased alive on 3/31, 1950, and that death occurred at 1 PM., from the causes and on the date stated above.

23A. SIGNATURE: Anthony C. Verone M. D.
23B. ADDRESS: Maryland Gen Hosp
23C. DATE SIGNED: 4/1/50.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/4/50
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: H. H. Meyers and Son, ADDRESS: 805 N. Calvert St.

VS 150

N - 942.5

181

PLEASE PRINT, PLEASE TYPE. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

252
50 3072

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3072

Registered No.

1. NAME OF DECEASED (Type or Print): NOAILLES L. BUCKINGHAM

2. DATE OF DEATH: March 31, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5212 Florence Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-18
D. STREET ADDRESS (If rural, give location): 5212 Florence Ave.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 6, 1870
9. AGE (In years last birthday): 79
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Phillip G. Harman
14. MOTHER'S MAIDEN NAME: Eliza J. Buckingham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mr. Michael E. Buckingham
ADDRESS: 5212 Florence Av

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: One week.

DUE TO

(B) Hypertensive Cerebro-Vascular Disease — ?

DUE TO

(C) Essential Hypertension — ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 24, 1950, *to* March 31, 1950, *that I last saw the deceased alive on* March 30, 1950 *and that death occurred at* 11:0 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Albert J. Shorbot M. D.
23B. ADDRESS: 2302 Edmondson Ave
23C. DATE SIGNED: 4/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/3/50
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm J. Bichner & Sons
ADDRESS: Balto, Md.

VS 150

83a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

636

50 3073
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3073
Registered No.

1. NAME OF DECEASED (Type or Print): MOLLIE E. SCHROEDER

2. DATE OF DEATH: Mar. 31, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hood Nursing Home, 5313 Edmondson Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore 15-11
D. STREET ADDRESS (If rural, give location): 3601 Copley Rd.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Jan. 30, 1869
9. AGE (in years last birthday): 81
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Yeagle
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Harry W. Schroeder
ADDRESS: 3601 Copley Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO
(B) Cerebral Arteriosclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-20, 1950 *to* 3-31, 1950, *that I last saw the deceased alive on* 3-31, 1950 *and that death occurred at* 1:50 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: James Stowell M. D.
23B. ADDRESS: Same
23C. DATE SIGNED: 4-1-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/3/50
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Lurington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickney & Sons
ADDRESS: Balto Md

VS 150

83a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

200

50 3074

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3074

Registered No.

1. NAME OF DECEASED (Type or Print): ALBERT WARD HISSEY

2. DATE OF DEATH: Apr. 1, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 614 N. Hilton St.
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-08
D. STREET ADDRESS (If rural, give location): 614 N. Hilton St.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Aug. 21, 1880
9. AGE (In years last birthday): 69
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer (handy man)
10B. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Hissey
14. MOTHER'S MAIDEN NAME: Laura Glanding

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Miss Florence M. Hissey
ADDRESS: 614 N. Hilton St

MEDICAL CERTIFICATION

18. 491X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Dilatation Heart.

DUE TO

(B) Bronchial Pneumonia (Bilateral)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 20, 1950, *to* Apr. 1, 1950, *that I last saw the deceased alive on* May 31, 1950 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: George E. Shannon M. D.
23B. ADDRESS: F20 Medical Arts Bldg.
23C. DATE SIGNED: 4/2/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/4/50
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto Md.

VS 150

9FF99

107

THIRD HEARING, WITH CAUTIONS THAT: Everything written on this page is important. Physicians: please write the causes of death clearly and legibly. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2+260

50 3075

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3075

Registered No.

1. NAME OF DECEASED (Type or Print): Samuel K. Rozier.

2. DATE OF DEATH: 3-29-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4667 Falls Road,
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-14
D. STREET ADDRESS (If rural, give location): 4667 Falls Road.

5. SEX: Male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 17, 1870.
9. AGE (In years last birthday): 80 | If Under 1 Year: Months: Days | If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Trapp, Md..
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathaniel Rozier.
14. MOTHER'S MAIDEN NAME: Jane Green

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Laura Rozier. ADDRESS: 4667 Falls Road

MEDICAL CERTIFICATION

18. 420.0

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 14 hours

DUE TO

ANTECEDENT CAUSES

(B) Coronary + Arteriosclerotic — 10 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Heart Disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 30, 1949, to March 29, 1950 that I last saw the deceased alive on March 28, 1950 and that death occurred at 7 4 a.m. from the causes and on the date stated above.

23A. SIGNATURE: Howard Wallenstein M.D.
23B. ADDRESS: W 848 N 36 St
23C. DATE SIGNED: 3/30/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-4-1950
24C. NAME OF CEMETERY OR CREMATORY: Trapp
24D. LOCATION (City, town, or county) (State): Trapp.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R Williams
ADDRESS: 322 N Schroeder St

VS 150

937

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3-635
50 3076
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3076
Registered No.

1. NAME OF DECEASED (Type or Print): Eliza Burton

2. DATE OF DEATH: March 29, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 837 W. Lexington St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18-01
D. STREET ADDRESS (If rural, give location): 837 W. Lexington St.

5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: June 1, 1889
9. AGE (In years last birthday): 60
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cornelius Chambers
14. MOTHER'S MAIDEN NAME: Martha Sims

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Fanny Lee. ADDRESS: 104 N. Poppleton St

MEDICAL CERTIFICATION

18. 44 x X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3-4 Days.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular

DUE TO

(C) Renal Disease — Unknown

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 18, 1950, to March 29, 1950, that I last saw the deceased alive on Mar 29, 1950, and that death occurred at 8:30 p m., from the causes and on the date stated above.

23A. SIGNATURE: J. Garland Chassell Jr. M. D.
23B. ADDRESS: 902 W. Franklin
23C. DATE SIGNED: 4-1-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-3-1950
24C. NAME OF CEMETERY OR CREMATORY: Old Balto. National Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Chas. Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Retie R. Williams
ADDRESS: 322 N Schroeder St

VS 150

131a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

155

LUFFMAN

50 3077

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3077

Registered No.

1. NAME OF DECEASED (Type or Print): Estella Luffman

2. DATE OF DEATH: 3-30-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: 8 Yrs. 7 Mos. 20 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 4-07
D. STREET ADDRESS (If rural, give location): 744 Warwick St

5. SEX: F
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1-7-1893
9. AGE (In years last birthday): 57
If Under 1 Year: Months: Days: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Jackson
14. MOTHER'S MAIDEN NAME: Alice Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Sadie Scott ADDRESS: 1518 W. Lanvale St.

MEDICAL CERTIFICATION

18. 570.5

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Kidney Failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Uremia

DUE TO

(C) Intestinal Obstruction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

P.O. adhesions

19A. DATE OF OPERATION: 3-11-50
19B. MAJOR FINDINGS OF OPERATION: Release of Obstructing bands (bands)
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-9, 1950 *to* 3-30, 1950, *that I last saw the deceased alive on* 3-29, 1950, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: Provident Hosp.
23C. DATE SIGNED: 3-30-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-3-1950
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Memorial
24D. LOCATION (City, town, or county) (State): Arbutus Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Mrs Kate R. Williams
ADDRESS: 322 N. Schroeder St.

VS 150

122B

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0-500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3078

BIRTH NO. 50 3078

1. NAME OF DECEASED (Type or Print): Clarence E. Deem

2. DATE OF DEATH: April 1st 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1216 S. Clinton St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —
C. Length of stay in Baltimore: 35 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 26-11
D. STREET ADDRESS (If rural, give location): 1216 S. Clinton St

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: Aug 14th 1905
9. AGE (In years last birthday): 44
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffer
10B. KIND OF BUSINESS OR INDUSTRY: J. Trucking Co
11. BIRTHPLACE (State or foreign country): W. Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamine Deem
14. MOTHER'S MAIDEN NAME: Lillie McGray

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Helen M. Deem
ADDRESS: 1216 S. Clinton St

MEDICAL CERTIFICATION

18. 416X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, aathenia, etc. It meane the disease, injury or complication which caused death.)

(A) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 30 MIN.

DUE TO

ANTECEDENT CAUSES

(B) RAGUMATIC HEART DISEASE MITRAL STENOSIS — 3 YRS.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 FEB., 1946 *to* 1 APRIL, 1950 *that I last saw the deceased alive on* MARCH 31, 1950, *and that death occurred at* 2.30 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Benjamin Lightstone M. D.
23B. ADDRESS: 121 S. HIGHLAND AVE.
23C. DATE SIGNED: 4/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 4th 1950
24C. NAME OF CEMETERY OR CREMATORY: Morelands Cem
24D. LOCATION (City, town, or county) (State): Taylor Ave

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Cuthington Williams, M.D.
25. FUNERAL DIRECTOR: Leo G. Cook
ADDRESS: 1703 N. Patterson Park Ave

VS 150

42089

92B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Highstine 121 S. Highland Ave

D-263

Dougherty

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3079

Registered No.

BIRTH NO. 50 3079 50-06624

1. NAME OF DECEASED (Type or Print): Baby Boy Dougherty

2. DATE OF DEATH: 4-2-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 34 Bon Secours Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-0L
D. STREET ADDRESS (If rural, give location): 2444 Laurette Ave B. 23

5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S.
8. DATE OF BIRTH: 4-1-50
9. AGE (In years last birthday): If Under 1 Year: Months ; Days 1 ; If Under 24 Hours: Hours 4 ; Min. 25

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mr Edward Joseph Dougherty
14. MOTHER'S MAIDEN NAME: Mrs Catherine Amilda Flinogen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. 776 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Respiratory Failure.

DUE TO

ANTECEDENT CAUSES

(B) Paematurity.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____ 19__, *to* _____, 19__, *that I last saw the deceased alive on* 4-2, 1950, *and that death occurred at* 7 40 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. J. Cantelano M. D.
23B. ADDRESS: Bon Secours Hosp.
23C. DATE SIGNED: 4-2-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/3/50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Robt C. B. M. Walker
ADDRESS: Pratt & Charles St.

VS 150

159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-532
322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3080

BIRTH NO. 80 3080

1. NAME OF DECEASED (Type or Print) BENED (BENJAMIN SMITSKI (SUTKIEWICZ) (Benedict Sutkiewicz)

2. DATE OF DEATH 4/2/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Agnes Hospital
C. Length of stay in Baltimore 43 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto Md 5300
D. STREET ADDRESS (If rural, give location) 9 Kenwood Ave Catonsville

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.
8. DATE OF BIRTH 1891
9. AGE (In years last birthday) 58 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron worker
10B. KIND OF BUSINESS OR INDUSTRY Md. Drydock
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Sutkiewicz
14. MOTHER'S MAIDEN NAME L

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes
(If yes, give war or dates of service) W. W. I
16. SOCIAL SECURITY NO.
17. INFORMANT Karolina Smitski ADDRESS 9 Kenwood Ave Catonsville

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE C. Schumacher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED 4/2/50

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4/5/50
24C. NAME OF CEMETERY OR CREMATORY Balto National Cem
24D. LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR APR 3 - 1950
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Wm. S. Fialkowski ADDRESS 2007 Eastern Ave

VS 151

3984V 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-400

50 3081

50 3081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHARLES J. KELLY

2. DATE OF DEATH: MARCH 31, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4029 Wilkens Ave.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-01 B
D. STREET ADDRESS (If rural, give location): 4029 Wilkens Ave.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 25, 1877
9. AGE (In years last birthday): 72 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Fire Captain
10B. KIND OF BUSINESS OR INDUSTRY: City Fire Dept.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Kelly
14. MOTHER'S MAIDEN NAME: Ellen McCabe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs Ann Kelly — ADDRESS: 4029 Wilkins Ave

MEDICAL CERTIFICATION

18. 153 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Transverse Colon — 6 months

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 2, 19 50, *to* March 30, 19 50, *that I last saw the deceased alive on* March 30, 19 50, *and that death occurred at* 1:50 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: John F. Caslahan M. D.
23B. ADDRESS: 4201 Wilkens Ave
23C. DATE SIGNED: 3/31/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-4-50
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Thomas J. Williams, M.D.
25. FUNERAL DIRECTOR: George A. Farley Sons — ADDRESS: Fayette and Fayette Sts.

VS 150

60098

46E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4-240

50 3082

BIRTH NO. 50 3082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): LAURA ELLIOTT HEIKEL

2. DATE OF DEATH: 4/2/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3217 Montebello Terrace
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-01
D. STREET ADDRESS (If rural, give location): 3217 Montebello Terrace

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 5, 1884
9. AGE (In years last birthday): 65 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E. McClain
14. MOTHER'S MAIDEN NAME: Anna Elliott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. John Edward Heikel ADDRESS: 3217 The Alameda

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: Months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to 4/2, 1950, that I last saw the deceased alive on 4/2, 1950, and that death occurred at 3.30 a. m., from the causes and on the date stated above.

23A. SIGNATURE: Thos W. Folley M. D.
23B. ADDRESS: 3703 Harford Rd
23C. DATE SIGNED: 4/3/50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 4/5/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
UNDERTAKER OR DIRECTOR: HENRY SANDER & SONS, INC
ADDRESS: NORTH AVE. & BROADWAY - 13

George F. Sander 46 B

VS 150

Please write clearly. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

525

50 3083

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3083

Registered No.

1. NAME OF DECEASED (Type or Print): MARGARET THERESA JENKINS

2. DATE OF DEATH: 2 April 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1133 Carroll St
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 21-02
D. STREET ADDRESS (If rural, give location): 1133 Carroll St

5. SEX: Femal
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Sept 19, 1869
9. AGE (In years last birthday): 80 — If Under 1 Year: Months: Days; If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: U. S.
13. FATHER'S NAME: Mr. Koenig (KOENIG)
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Peter Jenkins — ADDRESS: 1133 Carroll St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

331 X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension — years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September, 1950, to 2 Apr, 1950; that I last saw the deceased alive on March, 1950, and that death occurred at 7:00 A.m., from the causes and on the date stated above.

23A. SIGNATURE: William Goodman M. D.
23B. ADDRESS: 1334 Arlington Spring Road
23C. DATE SIGNED: 2 April 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4-5-50
24C. NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER
24D. LOCATION (City, town, or county) (State): BALTO MD

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Registrar for Williams, M.D.
25. FUNERAL DIRECTOR: Bernard C. Harle
ADDRESS: 1216 E West St

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

83a

416

50 3084

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3084

1. NAME OF DECEASED (Type or Print): James Gilbert

2. DATE OF DEATH: MAR 31 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Towson
D. STREET ADDRESS (If rural, give location): 311 Lenox Ave 5300

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: - - 82
9. AGE (In years last birthday): 68
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ~~Baltimore~~ Towson Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jost Gilbert
14. MOTHER'S MAIDEN NAME: Hannett Woods

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS:

MEDICAL CERTIFICATION

18. 521 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic lung abscesses — INTERVAL BETWEEN ONSET AND DEATH: ? 15 yrs

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-27-, 1950, *to* 3-31-, 1950, *that I last saw the deceased alive on* 3-31-, 1950, *and that death occurred at* 1:50 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: William W. Winternil M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: Mar 31 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): B.
24B. DATE: 4-3-50
24C. NAME OF CEMETERY OR CREMATORY: Pleasant Rest
24D. LOCATION (City, town, or county) (State): Towson Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Byrant & Mamie W. Wright
ADDRESS: 721 Augusta St

VS 150

75099 114D

PLEASE WRITE CLEARLY. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

M-450

50 3085

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3085

1. NAME OF DECEASED (Type or Print): James Howard Maloney

2. DATE OF DEATH: APRIL 2 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):
C. Length of stay in Baltimore: 50 YRS (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 3401 Keswick Rd
COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md 13-06
D. STREET ADDRESS (If rural, give location): 3401 Keswick Rd

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: 1-1-1873
9. AGE (In years last birthday): 77
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Tunnel Miner
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): O'Donnolloe Ireland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Matthew Maloney
14. MOTHER'S MAIDEN NAME: Ann Collins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 705-05-2752
17. INFORMANT: WILLIAM MALONEY ADDRESS: 3401 Keswick Rd

MEDICAL CERTIFICATION

18. 148 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Pharynx — 9 months

DUE TO

(B) Metastasis, right Cervical Lymph Node carcinoma — 8 Months

DUE TO

(C) Generalized arteriosclerosis — ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1949, to Apr 2, 1950, that I last saw the deceased alive on Apr 1, 1950, and that death occurred at ____ m., from the causes and on the date stated above.

23A. SIGNATURE: William R Speaglet M. D.
23B. ADDRESS: 10 E Biddle St
23C. DATE SIGNED: 4/3/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-5-50
24C. NAME OF CEMETERY OR CREMATORY: Saint Marys Sovans
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Ellsworth Brunacook
ADDRESS: 5118 Gwynn Oak Ave 45F

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-550

BIRTH NO. 50 3086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3086

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): HAROLD C MANOWN

2. DATE OF DEATH: April 1, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
C. Length of stay in Baltimore: 20 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-16
D. STREET ADDRESS (If rural, give location): 538 Hurley Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Doris M Manown
8. DATE OF BIRTH: 2/2/1914
9. AGE (In years last birthday): 36
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cable Installer
10B. KIND OF BUSINESS OR INDUSTRY: Motor Vehicle
11. BIRTHPLACE (State or foreign country): Kingwood, W. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward C. Manown
14. MOTHER'S MAIDEN NAME: Minnie B McClain

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-10-1809
17. INFORMANT: Doris M. Manown ADDRESS: 538 Hurley St

MEDICAL CERTIFICATION

18. E 812.4

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Contusion of brain
~~DUE TO~~ Sub-arachnoid hemorrhage
(B) Rupture of spleen
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Lombard & Ponca Streets
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): March 31, 1950 P.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Pedestrian struck by auto

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: H. J. McCafferty M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 4-1-50

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE: 4/3/50
24C. NAME OF CEMETERY OR CREMATORY: Meadow Ridge Cem
24D. LOCATION (City, town, or county) (State): Wash Blvd, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Chas C. Powell
ADDRESS: 2427 E Fayette

VS 151

N-853.0 45649 170C

E-363

50 3087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3087

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joseph Sterling Edwards

2. DATE OF DEATH: March 30, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-04
D. STREET ADDRESS (If rural, give location): 432 Worsley St.,

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: ~~Mar~~ Apr 5-1916

9. AGE (In years last birthday): 34 36

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contracting Work

10B. KIND OF BUSINESS OR INDUSTRY: Unemployed

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph S. Edward Sr

14. MOTHER'S MAIDEN NAME: Nellie West ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Record

ADDRESS

MEDICAL CERTIFICATION

18. 023 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Luetic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ~~Cancer of stomach~~ Gastric ulcer

INTERVAL BETWEEN ONSET AND DEATH

over

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/28/, 1950, *to* 3/30/, 1950 *that I last saw the deceased alive on* 3/30/, 1950, *and that death occurred at* 8:30A M, *from the causes and on the date stated above.*

23A. SIGNATURE: Thaddeus Sewinski M. D.

23B. ADDRESS: 1400 N. Caroline Street

23C. DATE SIGNED: 3/30/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4-3-1950

24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem

24D. LOCATION (City, town, or county) (State): A. A. Co Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 1950

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Rayner Sanders

ADDRESS: 1412 E. Preston St 30E

988 VG

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Letter in document file 50-3087 - 6/22/50.

03010

H-322

50 3088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 50 3088

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joseph Hodges

2. DATE OF DEATH: Mar. 31, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Osler 2
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md
B. COUNTY Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Early Heights
D. STREET ADDRESS (If rural, give location): 5200

5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ~~Married~~ Widowed
8. DATE OF BIRTH: 5-12-76
9. AGE (In years last birthday): 73
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister
10B. KIND OF BUSINESS OR INDUSTRY: Church
11. BIRTHPLACE (State or foreign country): N. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of pancreas

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pulmonary infarctions

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/25, 1950, *to* 3/31, 1950, *that I last saw the deceased alive on* 3/31, 1950, *and that death occurred at* 4:55 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: William W. Winternitz M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: Mar. 31, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 4, 1950
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Memorial
24D. LOCATION (City, town, or county) (State): Arbutus, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Joseph L. Rose
ADDRESS: 1200 McCulloh St.

VS 150

V0894

469

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-163

50 3089

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3089
Registered No.

1. NAME OF DECEASED (Type or Print): MARIE SHEPHARD

2. DATE OF DEATH: March 28, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1312 N. Parrish Street
C. Length of stay in Baltimore: Lifetime Yrs. ~~Mos. Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-01
D. STREET ADDRESS (If rural, give location): 1312 N. Parrish Street

5. SEX: Female
6. COLOR OR RACE: Col. ~~White~~
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb. 17, 1907
9. AGE (In years last birthday): 43 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY: Housemaid
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME: Asbury Shepherd
14. MOTHER'S MAIDEN NAME: Mary
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Butler, ADDRESS: 1137 Parrish St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Lobar pneumonia
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

490X

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Partial Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: H. J. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 3-30-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 3, 1950
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): Brooklyn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Joseph L. Russ
ADDRESS: 1200 Mecullh St. 108 Baltimore, Md

52086

VS 151

PLEASE WRITE PLAINLY, WITH INFRADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-520

50 3090

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3090

Registered No.

1. NAME OF DECEASED (Type or Print): THOMAS, GEORGE

2. DATE OF DEATH: 4/1/50

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident

C. Length of stay in Baltimore: 20 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-02
D. STREET ADDRESS (If rural, give location): 1410 Madison Ave

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/10/10
9. AGE (In years last birthday): 40 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10B. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): S. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records ADDRESS

MEDICAL CERTIFICATION

18. 260 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Diabetic acidosis

DUE TO

(B) Diabetes Mellitus

DUE TO

(C) Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/30, 1950 *to* 4/1, 1950, *that I last saw the deceased alive on* 4/1, 1950 *and that death occurred at* 2:45 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: John H. Holmes III M. D.

23B. ADDRESS: Provident Hosp.

23C. DATE SIGNED: 4/2/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: April 4, 1950

24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn

24D. LOCATION (City, town, or county) (State): Westport, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR: Charles H. Alexander

ADDRESS: 1200 McCulloh Balt. Md.

VS 150

APR 3 - 1950

72071

61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-425

JL- 136912 50 3091

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3091

Registered No.

1. NAME OF DECEASED (Type or Print): Emma Louise Nelson

2. DATE OF DEATH: 3-31-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: 30 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-03
D. STREET ADDRESS (If rural, give location): 2422 Woodbrook Ave.-17

5. SEX: F
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid.
8. DATE OF BIRTH: Feb. 11, 1902
9. AGE (In years last birthday): 48 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Ollie Grundy
14. MOTHER'S MAIDEN NAME: Florence Ward
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: B. C. H. Records — ADDRESS: 4940 Eastern Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Disease

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

420.0

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 28, 1950 *to* Mar. 31, 1950, *that I last saw the deceased alive on* Mar. 31, 1950 *and that death occurred at* 8PM *m., from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 4-1-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-4-50
24C. NAME OF CEMETERY OR CREMATORY: arbutus
24D. LOCATION (City, town, or county) (State): Md

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: George G. Kelson — ADDRESS: 1303 Pennsylvania Ave

APR 3 1950 VS 75

Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

93D

435

BIRTH NO. 50 3092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3092

1. NAME OF DECEASED (Type or Print): Samuel Holden

2. DATE OF DEATH: 3/29/50

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital

C. Length of stay in Baltimore: Yrs. 3 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 23-01
D. STREET ADDRESS (If rural, give location): 913 Plum Alley

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 15, 1906

9. AGE (In years last birthday): 43 44 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ? HANDYMAN

10B. KIND OF BUSINESS OR INDUSTRY: TAVERN

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Holden

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: John Mitchell — ADDRESS: 1018 Eutaw St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/23/50, 19__, *to* 3/29/50, 19__, *that I last saw the deceased alive on* 3/29/50, 19__, *and that death occurred at* 4:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.

23B. ADDRESS: 1213 Light Street

23C. DATE SIGNED: 3/31/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/4/50

24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn

24D. LOCATION (City, town, or county) (State): Balto City

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950

REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.

25. FUNERAL DIRECTOR: L. L. Brown & Son

ADDRESS: 108 W Montgomery St

JS 450

98871

13B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

524

50 3093

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3093

Registered No.

1. NAME OF DECEASED (Type or Print): William Frederick Winkelman

2. DATE OF DEATH: April 1, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore, Md
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2635 Kirk Ave
C. Length of stay in Baltimore: lifetime (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. ~~COUNTY~~
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City 9-07
D. STREET ADDRESS (If rural, give location): 2635 Kirk Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 1, 1879
9. AGE (In years last birthday): 70 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Crown Cork & Seal Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Frederick Winkelman
14. MOTHER'S MAIDEN NAME: Anna Stillberger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 213-01-0371
17. INFORMANT: Daughter — Mrs. Paul Mettee — ADDRESS: 2635 Kirk Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ca of the Prostate — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
DUE TO
(B) Metastasis to
DUE TO
(C) entire Abdo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: April 1949
19B. MAJOR FINDINGS OF OPERATION: Ca of Prostate etc
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1949, 19__, to 4-1-50, 19__, that I last saw the deceased alive on 3-21-50, and that death occurred at 5:00 m., from the causes and on the date stated above.

23A. SIGNATURE: Fred Amunds, Sr. M. D.
23B. ADDRESS: Fort Worth Texas
23C. DATE SIGNED: 4-9-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 4, 1950
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
24D. LOCATION (City, town, or county) (State): Ritchie Highway A.A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: J. Walter Conklin
ADDRESS: 3343 Harford Rd

VS 150

22610

51B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

400

50 3094

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3094

Registered No.

1. NAME OF DECEASED (Type or Print): Annie S Diehl

2. DATE OF DEATH: April 3, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Gundry Sanitorium Athol, Baltimore, 29, Md.
C. Length of stay in Baltimore: 3 yrs 10 mos (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Washington
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerstown
D. STREET ADDRESS (If rural, give location): ~~April 10, 1866~~

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 10, 1866
9. AGE (In years last birthday): 83
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Aaron Shedy
14. MOTHER'S MAIDEN NAME: Lucy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: William C. Diehl
ADDRESS: Hagerstown, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage - several — INTERVAL BETWEEN ONSET AND DEATH: month

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerosis general + cerebral — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 25, 1946, *to* April 3, 1950, *that I last saw the deceased alive on* April 3, 1950, *and that death occurred at* 8:30 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Rachel H. Gundry M. D.
23B. ADDRESS: The Gundry Sanitarium Athol, Balto, 29
23C. DATE SIGNED: April 3, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/5/50
24C. NAME OF CEMETERY OR CREMATORY: Rest Haven
24D. LOCATION (City, town, or county) (State): Hagerstown Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: F. R. Coffman
ADDRESS: 83a Hagerstown Md

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

421

50 3095

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3095

Registered No.

1. NAME OF DECEASED (Type or Print): IRENE GLASBY

2. DATE OF DEATH: April 1, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland: Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 24 N. Kenwood Avenue
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 6-02
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 24 N. Kenwood Avenue

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug. 30th. 1886
9. AGE (In years last birthday): 63
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
10B. KIND OF BUSINESS OR INDUSTRY: Clothing
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Glasby
14. MOTHER'S MAIDEN NAME: Anna Sanders

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 212-09-1042
17. INFORMANT: Miss Lillian Glasby ADDRESS: 24 N. Kenwood Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic C V disease

DUE TO

(B) Obesity

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspl & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: [signature] M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 4-1-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/5/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John A Moran
ADDRESS: 3000 E. Balto. St.

VS 151

49606

93

N-525 MONAGHAN

50 3096

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3096

Registered No.

1. NAME OF DECEASED (Type or Print): Edward Monaghan

2. DATE OF DEATH: 4/2/50

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4415 Old York Rd

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto Md 27-10

D. STREET ADDRESS (If rural, give location): 4415 Old York Rd

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb.4th,1881

9. AGE (In years last birthday): 69 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector

10B. KIND OF BUSINESS OR INDUSTRY: Balto. Transit Co.

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Micheal Monaghan

14. MOTHER'S MAIDEN NAME: ANNA Grimes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Carroll Monaghan — ADDRESS: 4415 Old York Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic C. V disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: [illegible] M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑

23C. DATE SIGNED: 4/2/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/5/50

24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer

24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 1950

REGISTRAR'S SIGNATURE: [illegible] Registrar for Baltimore, Md.

25. FUNERAL DIRECTOR: John A. Moran — ADDRESS: 3000 E. Balto. St.

VS 131

318 49

93D

Physicians: please write the causes of death clearly and legibly. correct age is especially important.

260

50 3097

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3097

Registered No.

1. NAME OF DECEASED (Type or Print): Ella Booker

2. DATE OF DEATH: 3/31/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 24-03
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 1212 Riverside Ave.
D. STREET ADDRESS (If rural, give location): Baltimore 30

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12/25/1880
9. AGE (In years last birthday): 69 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin Morgan
14. MOTHER'S MAIDEN NAME: Delia Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Kendall Booker — ADDRESS: 1212 Riverside Ave

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ruptured Heart

DUE TO

(B) Myocardial Infarction

DUE TO

(C) Coronary Sclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [✓] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/31, 1950, *to* 3/31, 1950, *that I last saw the deceased alive on* 3/31, 1950, *and that death occurred at* 11:50 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: John A. Farrar M. D.
23B. ADDRESS: 1213 Light Street
23C. DATE SIGNED: 3/31/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4/3/50
24C. NAME OF CEMETERY OR CREMATORY: LOUDON PARK
24D. LOCATION (City, town, or county) (State): BALTO. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: KRAUSE FUNERAL HOME
ADDRESS: 1216 S. CHARLES ST. 30

94a

VS 150

Physicians: please write the causes of death clearly and legibly. Especially important: correct age is especially important.

425

50 3098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3098

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HARRY B. FALCON

2. DATE OF DEATH: 3/31/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-10
D. STREET ADDRESS (If rural, give location): 101 No East Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 63
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Atlanta Ga
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael
14. MOTHER'S MAIDEN NAME: Stella

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Sarah Falcon ADDRESS: 101 No East Ave

MEDICAL CERTIFICATION

18. 420.0

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary edema

DUE TO

(B) Myocardial infarction

DUE TO

(C) arteriosclerotic heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/31 *1950 to* 3/31 *, 1950 that I last saw the deceased alive on* 3/31 *, 1950, and that death occurred at* 11:15 *p m., from the causes and on the date stated above.*

23A. SIGNATURE: William Krakow M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 4/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-4-50
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Young Men
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

VS 150

15661

92D

PLEASE WRITE LEGIBLY. Physicians: please write the causes of death clearly and legibly. Be sure to give correct age is especially important.

K-626

50 3099

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3099

Registered No.

1. NAME OF DECEASED (Type or Print): JOSIAH KRIEGER

2. DATE OF DEATH: 4-1-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2109 Linden Ave

C. Length of stay in Baltimore: 43 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-02
D. STREET ADDRESS (If rural, give location): 2109 Linden Ave

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH:

9. AGE (In years last birthday): 66

If Under 1 Year: Months: Days:

If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Tailor

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mildred Dantzig ADDRESS: 2109 Linden Ave

MEDICAL CERTIFICATION

18. 420.0

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Arterio-sclerotic heart disease — 10 years

DUE TO

(B) generalized arterio sclerosis — 20 years

DUE TO

(C) Coronary thrombosis — 5 years ago

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 1946 *to* April 1 1950, *that I last saw the deceased alive on* March 30 1950 *and that death occurred at* 1:15 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Jack Cohen M. D.

23B. ADDRESS: 1804 Eutaw Place

23C. DATE SIGNED: 4/1/1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4-4-50

24C. NAME OF CEMETERY OR CREMATORY: United Hebrew

24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Jack Levicoff

ADDRESS: 2100 Eutaw Pl

VS 150

36065

93D

Specially important. Physicians: please write the causes of death clearly and legibly.

Cohen
18 & Eastons Pl

B-652

50 3100

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3100

Registered No.

1. NAME OF DECEASED (Type or Print): IDA BORNSTEIN

2. DATE OF DEATH: 4-2-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levindale
C. Length of stay in Baltimore: 44 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 27-17
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Levindale

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH:
9. AGE (In years last birthday): 70 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Eva Dinowitz — ADDRESS: 2630 Quantico Ave

MEDICAL CERTIFICATION

18. 332 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis — years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypothyroidism

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 30 *19*41, *to* 4-2, *19*50, *that I last saw the deceased alive on* 4-2, *19*50, *and that death occurred at* 5:30 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: Henry Nagel, M. D.
23B. ADDRESS: Levindale Hosp
23C. DATE SIGNED: 4-2-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-4-50
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Reeves Inc
ADDRESS: 2100 Eutaw Pl

VS 150

63c

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

253

CERTIFICATE CORRECTED 4-5-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3101 Registered No.

BIRTH NO. 50 3101

1. NAME OF DECEASED (Type or Print) YETTA EUNICE ZESKIND

2. DATE OF DEATH 4-3-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3001 Wolcott Ave

C. Length of stay in Baltimore 45 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN Baltimore 15 29 (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location) 3001 Wolcott Ave

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Aug. 20, 1879
9. AGE (In years last birthday) 70 If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lith
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Not Known
14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Betty Schwartz ADDRESS 3001 Wolcott Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary occlusion — 12 hrs.
DUE TO
ANTECEDENT CAUSES
(B) Arteriosclerosis — yrs, 10 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus — 5 yrs

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-4 *19*48, *to* 4-3, *19*50, *that I last saw the deceased alive on* 4-3, *19*50, *and that death occurred at* 8:30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE A. A. Sims M. D.
23B. ADDRESS Twyla Gardens Md.
23C. DATE SIGNED 4/3/50

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4-4-50
24C. NAME OF CEMETERY OR CREMATORY Rosedale
24D. LOCATION (City, town, or county) Balto (State) Md

DATE RECEIVED BY LOCAL REGISTRAR APR 3 -
REGISTRAR'S SIGNATURE Huntington Williams M.D.
25. FUNERAL DIRECTOR Jack Reuss Inc
ADDRESS 2100 Eutaw Pl

VS 150

61

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Alcoa
Temple Gardens

5-456
50 3102
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3102

1. NAME OF DECEASED (Type or Print): JAMES C. GILNER

2. DATE OF DEATH: April 1, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6-01
D. STREET ADDRESS (If rural, give location): 435 N. Robinson Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 25, 1908
9. AGE (In years last birthday): 41 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cement Finisher
10B. KIND OF BUSINESS OR INDUSTRY: Lagna & Rossi Const. Co.,
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Joseph Gilner
14. MOTHER'S MAIDEN NAME: Sophie Banaszek
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-10-6264
17. INFORMANT: Mrs. Marie Gilner — ADDRESS: 435 N. Robinson St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic heart disease

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Russell S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 4-1-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 4, 1950
24C. NAME OF CEMETERY OR CREMATORY: St. Stanislaus Cemetery
24D. LOCATION (City, town, or county) (State): Mt. Carmel Rd. Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 2601-3-5 E. Madison St.

VS 151

368V9 93D

correct age is especially important. Physicians: please write the causes of death clearly and fully.

R-620
50 3103

FROCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3103

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William R. Frock

2. DATE OF DEATH: April 2, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-06
D. STREET ADDRESS (If rural, give location): 1109 Dermaray Way

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-13-05
9. AGE (In years last birthday): 45 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker
10B. KIND OF BUSINESS OR INDUSTRY: Oak Hill Cemetery
11. BIRTHPLACE (State or foreign country): Tanneytown, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Frock
14. MOTHER'S MAIDEN NAME: Mamie Otter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 214-10-5886
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. 159 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma, ? gastro-intestinal

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-29, 1950, *to* 4-2, 1950 *that I last saw the deceased alive on* 4-2, 1950, *and that death occurred at* 6:45 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: William W. Winternitz, M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4-2-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 5, 1950
24C. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
24D. LOCATION (City, town, or county) (State): Horner's Lane, Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 1950
REGISTRAR'S SIGNATURE: Christopher Williams M.D.
25. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. — ADDRESS: 2601-3-5 E. Madison St.

VS 150

90481

46M

PLEASE, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-220

50 3104

BIRTH NO. 50 3104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3104

1. NAME OF DECEASED (Type or Print): Harvey Collins Noakes

2. DATE OF DEATH: April 1/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 621 Dennison St.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-08
D. STREET ADDRESS (If rural, give location): 621 Dennison St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 12, 1879
9. AGE (In years last birthday): 70 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Md. Veterans Commission
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Noakes
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): Spanish American
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Katherine I. Noakes — ADDRESS: 621 N. Dennison St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerosis - Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

DUE TO

(B) Generalized Arteriosclerosis — 10 yrs.

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: Chronic Bronchitis. — 5 yrs.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Feb 25, 1948, to April 1, 1950, that I last saw the deceased alive on April 1, 1950, and that death occurred at 6 P. m., from the causes and on the date stated above.

23A. SIGNATURE: Albert J. Shochet M. D.
23B. ADDRESS: 2302 Edmondson Ave
23C. DATE SIGNED: April 3, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/5/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore National,
24D. LOCATION (City, town, or county) (State): 5501 Frederick Rd. Balto. 29, Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Harry H. Reintzle
ADDRESS: 4101 Edmondson Ave.

VS 150

11295

93D

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be complete and accurately supplied.

F 246

50 3105

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3105

Registered No.

1. NAME OF DECEASED (Type or Print): Hannah Fieseler

2. DATE OF DEATH: 4.1.1950

3. PLACE OF DEATH: A. Baltimore City, Maryland Doctors Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctor's Hospital

C. Length of stay in Baltimore: one year (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18-83
D. STREET ADDRESS (If rural, give location): 109 S. Arlington Ave.

5. SEX: F
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug 5 1882
9. AGE (In years last birthday): 67
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: — Budescheim
14. MOTHER'S MAIDEN NAME: — Roesning

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mr. M. Henry Schott ADDRESS 8407 Allison Lane

MEDICAL CERTIFICATION

18. 443 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiac disease (Pulmonary Embolism) — INTERVAL BETWEEN ONSET AND DEATH: 9 years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Thrombophlebitis of both legs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/31/ 1950, *to* 4/1/ 1950, *that I last saw the deceased alive on* 4/1/ 1950, *and that death occurred at* 2.55 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: D. Weisenberger M. D.
23B. ADDRESS: 912 Brooks Lane
23C. DATE SIGNED: 4/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr 5/50
24C. NAME OF CEMETERY OR CREMATORY: Zion Lutheran Cem
24D. LOCATION (City, town, or county) (State): Golden Ring Md Essex Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Harry W. Mitche
ADDRESS: 4101 Edmondson Ave

VS 150

93D

S-342 SCHETLICH

50 3106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3106

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles E. Schetlich

2. DATE OF DEATH: Mar. 31, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 769 N. Grantley St.

C. Length of stay in Baltimore: LIFETIME 76 Yrs. 2 Mos. 18 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO 16-08
D. STREET ADDRESS (If rural, give location): 769 N. GRANTLEY ST

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JAN 18-1874

9. AGE (In years last birthday): 76 | If Under 1 Year: Months 2, Days 18 | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INSTRUMENT REPAIRER

10B. KIND OF BUSINESS OR INDUSTRY: MUSIC STORE

11. BIRTHPLACE (State or foreign country): BALTO

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HENRY SCHETLICH

14. MOTHER'S MAIDEN NAME: PAULINE HENTSCHELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-26-2206

17. INFORMANT: MRS. A. SCHETLICH ADDRESS 769 GRANTLEY

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1

(A) Coronary Disease

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Wm. H. Kammer, Jr. M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑

23C. DATE SIGNED: April 1, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 4/4/50

24C. NAME OF CEMETERY OR CREMATORY: BALTO MD.

24D. LOCATION (City, town, or county) (State): E NORTH AVE

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1950

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: GEO. H. LEIMBACH

ADDRESS: 1528 LYNDHURST ST

VS 151

94a

CAUTION: WRITE WITH BALLPOINT PEN USING INDELIBLE INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-143

50 3107

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3107

1. NAME OF DECEASED (Type or Print): CARMELA DEFELICE

2. DATE OF DEATH: April 1, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 613 S. Bond Street
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 613 S. Bond Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 29 1895
9. AGE (In years last birthday): 55
If Under 1 Year: Months 1, Days 2
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Mosciano S.Angelo Italy
12. CITIZEN OF WHAT COUNTRY? Italy
13. FATHER'S NAME: ? Di Quardo
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Albert A. De Felice
ADDRESS: 613 S. Bond St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of gall bladder with metastases
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE: W. J. McCafferty M.D.
23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 4-1-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 4 1950
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): 4430 Belair Rd. Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Frank Wellahoey
ADDRESS: 322 S. High St.

VS 151

46 F ✓

correct age is especially important. Physicians: please write the causes of death clearly and l[illegible]y.

1-340

50 3108

50 3108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FLORENCE MARIE LITTLE
~~Little, Florence Marie~~

2. DATE OF DEATH April 1, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR ~~XXXXXXXX~~ (If not in hospital or institution, give street address or location)
St. Joseph Hospital

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-04
D. STREET ADDRESS (If rural, give location) 1621 E. Eager St.

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2/20/1894
9. AGE (In years last birthday) 56
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwfe.
10B. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jerry Hubbard
14. MOTHER'S MAIDEN NAME Mary E. Blank

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT John J. Little ADDRESS 1621 E. Eager Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of thyroid — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 29, 1950, *to* April 1, 1950 *that I last saw the deceased alive on* March 1, 1950, *and that death occurred at* 3:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE S. K. Kaan M. D.
23B. ADDRESS 1400 N. Caroline St.
23C. DATE SIGNED April 1, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify) burial
24B. DATE 4/4/50
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 4 - 1950
REGISTRAR'S SIGNATURE Huntington Williams M.D.
25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.
ADDRESS NORTH AVE & BROADWAY - 13
Geo. F. Sander

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-630

50 3109

50 3109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALICE GARRETT

2. DATE OF DEATH: April 2, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6512 Baltimore Avenue
C. Length of stay in Baltimore: 50 yrs (Yrs. Mos. Days) 00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-06
D. STREET ADDRESS (If rural, give location): 6512 Baltimore Avenue

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Aug. 21, 1870
9. AGE (in years last birthday): 79 — If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Cyrus Myers
14. MOTHER'S MAIDEN NAME: Sarah ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: 2448 Keyway, Dundalk, Md. Mr. Archie H. Garrett

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis, Chronic — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

DUE TO

ANTECEDENT CAUSES

(B) A-S-C-V Disease — 15 yr.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 30, 1949, to April 2, 1950, that I last saw the deceased alive on April 1, 1950 and that death occurred at 5:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE: Wm B Davis MD M. D.
23B. ADDRESS: 6800 Monument-ave
23C. DATE SIGNED: 4/3/50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 4/6/50,
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
24E. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: NORTH AVE. & BROADWAY - 13

VS 150

Geo. F. Sander 93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50 3110 CABRERA

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3110

BIRTH NO P-166

1. NAME OF DECEASED (Type or Print): Angel T. Cabrera

2. DATE OF DEATH: April 2-1950

3. PLACE OF DEATH: A. Baltimore City, Maryland Mercy Hospital

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 18 East 110th St. N.Y. N.Y.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New York City N.Y.
D. STREET ADDRESS (If rural, give location): 806 South Ann Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 3-19-1889
9. AGE (In years last birthday): 61
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steward -
10B. KIND OF BUSINESS OR INDUSTRY: Steamship Co.
11. BIRTHPLACE (State or foreign country): Ecuador South America
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Carlos T. Cabrera ADDRESS: 31 Sanford St. Rye N.Y.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

E812.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rupture of Aorta

DUE TO

(B) Rupture of Lung -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Pratt St. near Concord St. 4/1
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 2, 1950 11:50 P. m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Pedestrian struck by automobile

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

Autopsy, Inspection or Inquiry

23A. SIGNATURE: Earl L. Royer M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 4/2/50

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: Saint Michaels
24D. LOCATION (City, town, or county) (State): Astoria - L. I. N.Y.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Ellsworth Amacost
ADDRESS:

VS 151

N-861.0 732 51 170C

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure to give correct age is especially important.

300

50 3111

50 3111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William Wesley Wade

2. DATE OF DEATH: 4/1/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 29 E. Birkhead st
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 23-02
D. STREET ADDRESS (If rural, give location): 29 E. Birkhead st.

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: 2/3/1870
9. AGE (In years last birthday): 80 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: At Large
11. BIRTHPLACE (State or foreign country): A. A. Co. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles Wade
14. MOTHER'S MAIDEN NAME: Sarah Lowman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Dr. Doris Searborough — ADDRESS: 31 E. Birkhead st.

MEDICAL CERTIFICATION

18. 470.0

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 22, 1949, *to* April 1, 1950, *that I last saw the deceased alive on* March 31, 1950, *and that death occurred at* 11 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: H. P. Friedman M. D.
23B. ADDRESS: 1319 Light St.
23C. DATE SIGNED: 4/3/50.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/4/50
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): A. A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Jr. — ADDRESS: 1217 St. Paul st.

VS 150

93D

correct age is especially important. Physicians: please write the cause of death in plain English.

450

50 3112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3112

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SARAH BLANEY

2. DATE OF DEATH: April 1, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1125 Forrest St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-01
D. STREET ADDRESS (If rural, give location): 1125 Forrest St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 20, 1859
9. AGE (In years last birthday): 90
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Blaney
14. MOTHER'S MAIDEN NAME: Harriett Scarborough

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Atherosclerosis
DUE TO
Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/2, 1947 *to* 4/1, 1950, *that I last saw the deceased alive on* 4/1, 1950 *and that death occurred at* 4 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Sol Smith M. D.
23B. ADDRESS: 1223 E. North Ave.
23C. DATE SIGNED: 4/3/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 4, 1950
24C. NAME OF CEMETERY OR CREMATORY: Green Mount
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: William Cook, Inc., 1217 St. Paul St.
ADDRESS

VS 150

93D

correct age is especially important. Physicians, please write the causes of death legibly.

-455

50 3113

50 3113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GEORGE A. COLEMAN

2. DATE OF DEATH: April 2,1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2702 E. Preston St.
C. Length of stay in Baltimore (Yrs. Mos. Days):

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-03
D. STREET ADDRESS (If rural, give location): 2702 East Preston Street.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Oct 25,1872
9. AGE (In years last birthday): 77 78
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watch reparer
10B. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Baltimore,Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: (Unknown) Coleman
14. MOTHER'S MAIDEN NAME: Rose (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr Augustus N. Coleman, ADDRESS: 3205 Elmley Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 30, 1950, *to* April 2, 1950, *that I last saw the deceased alive on* April 2, 1950, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: Harry J. Cain M. D.
23B. ADDRESS: 2607 E Preston St
23C. DATE SIGNED: 4-3-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/5/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Carmel
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: William Cook, Inc., ADDRESS: 1217 St.Paul St.

VS 150

83a

PLEASE WRITE LEGIBLY, WITH INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

656

50 3114

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3114

1. NAME OF DECEASED (Type or Print): FRANK V BERNARD

2. DATE OF DEATH: April 1, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 24-01
D. STREET ADDRESS (If rural, give location): 1135 Hull Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ~~XXXXXXXX~~ Single
8. DATE OF BIRTH: 1878
9. AGE (In years last birthday): 71
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Unknown~~ Chef
10B. KIND OF BUSINESS OR INDUSTRY: Aboard Ship
11. BIRTHPLACE (State or foreign country): Little Silver, N.J.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Victor Bernard
14. MOTHER'S MAIDEN NAME: Annie E. Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 427-05-3008
17. INFORMANT: John Gleason, Newbrunswick, N.J.
ADDRESS:

MEDICAL CERTIFICATION

18. 420.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Insufficiency

DUE TO arteriosclerotic heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchopneumonia

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE: H. J. McCafferty M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 4-1-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 4/4/50
24C. NAME OF CEMETERY OR CREMATORY: Christ Church
24D. LOCATION (City, town, or county) (State): South Amboy, N.J.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: William Cook, Inc.
ADDRESS: 1217 St. Paul St.

VS 151

720 51

937

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 4-4-50

50 3115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 5224

1. NAME OF DECEASED (Type or Print): Mr. FREDERICK P. MANGOLD

2. DATE OF DEATH: 4/3/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home & Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 6
D. STREET ADDRESS (If rural, give location): 4209 Roosevelt Ave.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Aug. 12, 1876
9. AGE (In years last birthday): 74
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Prop.
10B. KIND OF BUSINESS OR INDUSTRY: Confectionary Store
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Mangold
14. MOTHER'S MAIDEN NAME: Katherine German

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Ruth Klauenberg ADDRESS: 5205 Hillside Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

(B) Hypertensive cardiovascular disease — 4 Yrs.

DUE TO

(C) Asthma — 3 Yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/20, 1950 *to* 4/3, 1950 *that I last saw the deceased alive on* 4/3, 1950, *and that death occurred at* 1:20 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: Robert E. Lyons M. D.
23B. ADDRESS: Church Home & Hosp.
23C. DATE SIGNED: 4/5/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/5/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: William Cox Inc.
ADDRESS: 1348 Druid Hill Ave

VS 150

15661

937

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

263

50 3116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3116

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lula S. Richardson

2. DATE OF DEATH: April 1, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 479 Watty Court
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY X
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-04
D. STREET ADDRESS (If rural, give location): 479 Watty Court

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: May 3, 1881
9. AGE (In years last birthday): 68
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Richardson
14. MOTHER'S MAIDEN NAME: ? Streets

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Rev A. J. Payne
ADDRESS: 709 Dolphin St.

MEDICAL CERTIFICATION

18. 410 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Mitral Insufficiency — ?

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Pedema + Ascitis — 2 mo

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 30, 1949 *to* Mch 31, 1950, *that I last saw the deceased alive on* Mch 31, 1950, *and that death occurred at* 2 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 1413 Druid Av
23C. DATE SIGNED: Apr 3-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-5, 1950
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: (Mrs) Frances A. Hemsley
ADDRESS: 578 W. Biddle St.
Mrs. Frances A. Hemsley

VS 150

92B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E-260

50 3117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3117

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY ESER

2. DATE OF DEATH: April 1, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2630 AISQUITH STREET
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-07
D. STREET ADDRESS (If rural, give location): 2630 Aisquith Street

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 8, 1890
9. AGE (In years last birthday): 59 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles Seidenzahl
14. MOTHER'S MAIDEN NAME: Ella Quinn
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. Daniel W. Eser — ADDRESS: 2630 Aisquith Street

MEDICAL CERTIFICATION

18. 331.X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Essential hypertension — 12 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 1940 *to* April 1, 1950 *that I last saw the deceased alive on* Mar. 31, 1950 *and that death occurred at* 4:30 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Wm. H. Sprenger M. D.
23B. ADDRESS: 1520 E. 33rd St.
23C. DATE SIGNED: 4-3-50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 4/4/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: NORTH AVE. & BROADWAY -13

Henry F. Sander 83a

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-246

50 3118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3118

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Theresa Schusseler

2. DATE OF DEATH: 4-3-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: 73 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 26-03
D. STREET ADDRESS (If rural, give location): 3029 Shannon Drive

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1876
9. AGE (In years last birthday): 73 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Schusseler
14. MOTHER'S MAIDEN NAME: Mary Yost

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.
17. INFORMANT: James C. Schusseler
ADDRESS

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

(B) Arteriosclerotic cardio-

DUE TO

(C) vascular disease with hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-1, 1950 *to* 4-3, 1950, *that I last saw the deceased alive on* 4-3, 1950, *and that death occurred at* 5:50 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Gene B. Fretwell M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: 11-2-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-6-50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Christopher Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J. Buck
ADDRESS

VS 150

93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8/4

K-450

50 3119

50 3119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Theresa A Klein

2. DATE OF DEATH: 4-3-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3520 Hilton St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 0
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 9-03
D. STREET ADDRESS (If rural, give location): 707 Chesnut Hill ave

5. SEX: F M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct 11-1869
9. AGE (In years last birthday): 80 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at Home
10B. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? yes

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT: Wm A. Klein — ADDRESS: 3158 Ravenwood ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

334X

(A) Cerebral Oedema — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

DUE TO

(B) Right Hemiplegia — 3 weeks

DUE TO

(C) Arterio-Sclerosis — about 5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1948, *to* April 3, 1950, *that I last saw the deceased alive on* April 2, 1950, *and that death occurred at* 1.45 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Michael A. Abrams M. D.
23B. ADDRESS: 1820 Eutaw place
23C. DATE SIGNED: April 4, 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Buried
24B. DATE: 4-6-50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balt Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J Buck — ADDRESS:

VS 150

83a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-215

50 3120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3120

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Catherine Mackubin

2. DATE OF DEATH: April 2, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latrobe Apartments Charles & Read Sts.
C. Length of stay in Baltimore: 25 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: none
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-02
D. STREET ADDRESS (If rural, give location): Charles & Read Sts. - Latrobe Apts.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Dec. 13, 1856
9. AGE (In years last birthday): 93 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): artist - miniature
10B. KIND OF BUSINESS OR INDUSTRY: oil paintings
11. BIRTHPLACE (State or foreign country): St. Paul, Minn.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Charles Nicholas Mackubin
14. MOTHER'S MAIDEN NAME: Ellen Fay
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: George Thomas ADDRESS: 6 E. Read St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 6 months

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerosis — 4 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1st, 1950, *to* April 2nd, 1950, *that I last saw the deceased alive on* April 1st, 1950, *and that death occurred at* 8 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Jas. Cohen M. D.
23B. ADDRESS: 15 E. Biddle St.
23C. DATE SIGNED: 4 - 3 - 50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 3 - 4 - 50
24C. NAME OF CEMETERY OR CREMATORY: St. Ann's
24D. LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. ADDRESS: 1900 Eutaw Pl.
J. B. Mitchell

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93

3-210

50 3121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3121

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILBUR K. BISHOP

2. DATE OF DEATH: 4-3-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL
c. Length of stay in Baltimore: 3 Days (~~Yrs.~~ ~~Mos.~~)

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: MD.
B. COUNTY: ALLEGHANEY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CUMBERLAND RFD #1
D. STREET ADDRESS (If rural, give location): RFD #1

5100

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 1908
9. AGE (In years last birthday): 42
If Under 1 Year: Months -, Days -
If Under 24 Hours: Hours -, Min. -

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ADVERTIZING AGENT
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM BISHOP
14. MOTHER'S MAIDEN NAME: HATTIE SHOCKEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): UNKNOWN
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: SAME (1.) ADDRESS

MEDICAL CERTIFICATION

18. 539.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MASSIVE PULMONARY HEMORRHAGE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) EROSION INTO ONE OF THE MAJOR PULMONARY OR BRONCHIAL VESSELS.

DUE TO

(C) TRACHEO-ESOPHOGEAL FISTULA

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-31, 1950 *to* 4-3, 1950, *that I last saw the deceased alive on* 4-3, 1950, *and that death occurred at* 8:45 *P. m., from the causes and on the date stated above.*

23A. SIGNATURE: J. L. Rheinhauf Jr. M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 4-3-50

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE: 4-6-50
24C. NAME OF CEMETERY OR CREMATORY: Cumberland
24D. LOCATION (City, town, or county) (State): Cumberland Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Howard J. Russland
ADDRESS: 2503 Edmondson Ave

VS 150

10082

13B

-520

50 3122

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3122
Registered No.

1. NAME OF DECEASED (Type or Print): SARA LORETTA STAINES JONES

2. DATE OF DEATH: APRIL 2, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 711 WOODBOURNE AVE.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO. 27-10
D. STREET ADDRESS (If rural, give location): 711 WOODBOURNE AVE

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 8, 1900
9. AGE (In years last birthday): 49
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: HARRY STAINES
14. MOTHER'S MAIDEN NAME: HARRIET PARKS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-28-8309
17. INFORMANT: SYLVANUS JONES
ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia - Tubular nephrosis — INTERVAL BETWEEN ONSET AND DEATH: 72 hours
DUE TO
(B) Hepatic insufficiency metastatic Carcinoma — 4 months
DUE TO
(C) Carcinoma, head of Pancreas — 2 mos.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATIONS: 12-31-48, 2-18-49
19B. MAJOR FINDINGS OF OPERATION: Extensive Carcinoma head of pancreas
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____ 19__, to _____, 19__, that I last saw the deceased alive on April 1, 1950, and that death occurred at 3:45 A. m., from the causes and on the date stated above.

23A. SIGNATURE: Patrick C. Phelan, M. D.
23B. ADDRESS: 201 W Madison Stat Balto.
23C. DATE SIGNED: April 3, 50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4-4-1950
24C. NAME OF CEMETERY OR CREMATORY: MORELAND MEMORIAL
24D. LOCATION (City, town, or county) (State): BALTO. CO. MD

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: H. W. JENKINS & SONS CO.
ADDRESS: 4905 YORK RD.

VS 150

469

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DR. P. PHELAN
239 LINDEN AVE.

400

50 3123

Powell

50 3123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Margaret A. G. Powell

2. DATE OF DEATH: 4/2/50

3. PLACE OF DEATH: A. Baltimore City, Maryland 3710 Clifton Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 0

C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: 3710 Clifton Ave B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto Md

D. STREET ADDRESS (If rural, give location): 15-48

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH: May 30 - 1880

9. AGE (In years last birthday): 69 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired House wife Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Morrisner

14. MOTHER'S MAIDEN NAME: Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Bertram Powell ADDRESS: 117 N Carey St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 4/2/1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/1 *, 1950, to* 4/2 *, 1950, that I last saw the deceased alive on* 4/2 *, 1950, and that death occurred at* 11 3/4 *a. m., from the causes and on the date stated above.*

23A. SIGNATURE: Robert A. Reiter M. D.

23B. ADDRESS: 3408 Windsor Ave

23C. DATE SIGNED: 4/3/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE: 4/5/50

24C. NAME OF CEMETERY OR CREMATORY: Loudon Park

24D. LOCATION (City, town, or county) (State): Frederick Rd Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Chas P. Powell Co. 3427 Edmondson Ave

ADDRESS

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94a

Dr Reiter — 7 to 8 PM
Garrison & Windsor Ave

-355-

50 3124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3124

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): OTTO GUTTMANN

2. DATE OF DEATH: Arpil 1,1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1001 Aisquith St/
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-01
D. STREET ADDRESS (If rural, give location): 1001 Aisquith St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept.22,1879
9. AGE (In years last birthday): 70 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer,drafting
10B. KIND OF BUSINESS OR INDUSTRY: Arundel Corp
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Guttmann
14. MOTHER'S MAIDEN NAME: Rosa Gilbert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-01-5026
17. INFORMANT: Mrs E.S.Guttmann,1001 Aisquith St.
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cancer of pharynx with regional metastasis. — INTERVAL BETWEEN ONSET AND DEATH: about 1½ yrs
DUE TO Not operable.

ANTECEDENT CAUSES

(B)
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION: Biopsy. Removal of glands (Dr Grant Ward) X-ray Radium } treatment
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-18-, 1949, *to* 3-23-, 1950, *that I last saw the deceased alive on* 3-23-, 1950, *and that death occurred at* 24 m., *from the causes and on the date stated above.*

23A. SIGNATURE: W Koch M. D.
23B. ADDRESS: 1039 N Calvert St
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/4/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore,Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: William Rod Inc
ADDRESS: 1217 St Paul St

VS 150

V62 VS

45F

correct age is especially important. Physicians: Please write the

200

50 3125

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3125

Registered No.

1. NAME OF DECEASED (Type or Print): HOWARD W. LEWIS

2. DATE OF DEATH: 4-2-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: 10 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Owings Mills 5200
D. STREET ADDRESS (If rural, give location): Reisterstown Road

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb 24-1893
9. AGE (In years last birthday): 57 yrs
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10B. KIND OF BUSINESS OR INDUSTRY: Sheet Metal Shop.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Philip B. Lewis
14. MOTHER'S MAIDEN NAME: Mary E. Cunningham
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nokoown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-10-8213
17. INFORMANT: Mrs. Grace W. Lewis
ADDRESS: Owings Mills Md.

MEDICAL CERTIFICATION

18. 581.0

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

~~DUE TO~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cirrhosis of the Liver — 6 months

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-22, 1950, *to* 4-2, 1950, *that I last saw the deceased alive on* 4-2, 1950, *and that death occurred at* 7:00 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: William J. Holloway M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 4-2-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr 5-1950
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
24D. LOCATION (City, town, or county) (State): Pikesville Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Um Berryman & Sons
ADDRESS: Reisterstown Md.

VS 150

32633

124B

PLEASE WRITE PLAINLY, with INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

320 DOETSCH.

50 3126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3126

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elsa Doetsch

2. DATE OF DEATH: 4-1-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland, 339 Calvert
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Lifetime (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-13
D. STREET ADDRESS (If rural, give location): 14 Merrymount Rd.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan 2, 1886
9. AGE (In years last birthday): 64
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Certified Public Accountant
10B. KIND OF BUSINESS OR INDUSTRY: C.P.A.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis J. Doetsch
14. MOTHER'S MAIDEN NAME: Johanna Pohl

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Patient
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Abdominal Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of the ovary

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

175 X

19A. DATE OF OPERATION: 3-30-50
19B. MAJOR FINDINGS OF OPERATION: generalized abdominal carcinomatosis
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-25, 1950, *to* April 1, 1950, *that I last saw the deceased alive on* April 1, 1950, *and that death occurred at* 10 m., *from the causes and on the date stated above.*

23A. SIGNATURE: W. F. Cox 3rd, M.D. M. D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: 4-2-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 5-50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Stewart Memorial Co.
ADDRESS: Balto.

VS 150

21093

49a

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Accurate and correct age is especially important.

000
50 3127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3127
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Rosalie Lee

2. DATE OF DEATH: 4-3-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland Grove & Redwood
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore Yrs. Mos. Days: Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 16-04
D. STREET ADDRESS (If rural, give location): 1836 Harlem Ave

5. SEX: female
6. COLOR OR RACE: yellow
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 3-1927
9. AGE (In years last birthday): 22 yrs
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lee Quong
14. MOTHER'S MAIDEN NAME: Rosalie Yet

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Ruth Lee Eng (sister) ADDRESS: 1838 Harlem

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 204.2

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Monocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 4 mos.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-19, 1949, *to* 4-3, 1950, *that I last saw the deceased alive on* 4-3, 1950, *and that death occurred at* 7:00 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: William J. Holloway M. D.
23B. ADDRESS: Redwood & Greene Sts.
23C. DATE SIGNED: 4-3-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr-5-1950
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Stewart & Mowen Co.
ADDRESS: 108 W. North Ave.

VS 150

City #1. 74a

PLEASE WRITE PLAINLY, WITH INK. Be sure to write the correct cause of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

300 50 3128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3128

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CYNTHIA WHITE

2. DATE OF DEATH: April 3, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Severna Park 5200
D. STREET ADDRESS (If rural, give location)

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12-11-50
9. AGE (In years last birthday): If Under 1 Year: Months / Days: 14 / If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herbert White
14. MOTHER'S MAIDEN NAME: Doris Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Herbert White
ADDRESS

MEDICAL CERTIFICATION

18. 763.0

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Interstitial pneumonitis

DUE TO upper respiratory infection

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 4/4/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-4-50
24C. NAME OF CEMETERY OR CREMATORY: Jones
24D. LOCATION (City, town, or county) (State): Jones Station, L. I. M.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: William Reese II
ADDRESS: 108 Washington St. Annapolis, Md.

VS 151

114E

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

400

ES-135568

50 3129

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3129

Registered No.

1. NAME OF DECEASED (Type or Print): Charles Noel

2. DATE OF DEATH: 4-1-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitlas
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-04
D. STREET ADDRESS (If rural, give location): 1948 Ridgehill Avenue (17)

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: (June 24) 1898
9. AGE (In years last birthday): 51
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: (Lee Noel)
14. MOTHER'S MAIDEN NAME: (Jennie Irene Hyde)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records*Balto. City Hospitals ADDRESS: 4940 Eastern Av

MEDICAL CERTIFICATION

18. 019.2

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cirrhosis of the Liver

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-7- *, 19* 50 *, to* 4-1 *, 19* 50 *, that I last saw the deceased alive on* 4-1 *, 19* 50 *, and that death occurred at* 4:40 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE: C. S. Olsen M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 4-3-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/4/50
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart
24D. LOCATION (City, town, or county) (State): German Hill Rd

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John J. Fahey & Sons
ADDRESS: 213 Light St.

VS 150

correct age is especially important. Physicians: please write the causes of death

655

50 3130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3130

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): PHOEBE IRENE GEHRMANN

2. DATE OF DEATH: Apr. 2, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2440 Edmondson Ave.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-05
D. STREET ADDRESS (If rural, give location): 2440 Edmondson Ave.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 17, 1895
9. AGE (In years last birthday): 54
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Helper
10B. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Lee Parrish
14. MOTHER'S MAIDEN NAME: Alice Spradlin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214-03-1045
17. INFORMANT: Mr. J. Earle Gehrmann
ADDRESS: 2440 Edmondson Av

MEDICAL CERTIFICATION

18. 446 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 hs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Nephritis — 1 yr.

DUE TO

(C) Arterio Sclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mch 5, 1950, *to* Apr 2, 1950, *that I last saw the deceased alive on* Apr 2, 1950, *and that death occurred at* 5A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Jacob Fisher M. D.
23B. ADDRESS: 1823 N. Washington St.
23C. DATE SIGNED: 4/3/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/6/50
24C. NAME OF CEMETERY OR CREMATORY: Meadowridge Cem.
24D. LOCATION (City, town, or county) (State): Howard Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto Md.

VS 150

49671

131a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

162

BIRTH NO. 50 3131

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3131

1. NAME OF DECEASED (Type or Print): WILLIAM E. SPARKS

2. DATE OF DEATH: April 3, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Edgewood Nursing Home 6000 Bellona Ave.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dundalk
D. STREET ADDRESS (If rural, give location): 48 Shipway

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 15, 1874
9. AGE (In years last birthday): 75 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer rtd.
10B. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Sparks
14. MOTHER'S MAIDEN NAME: Mary Way

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Elizabeth Welsh
ADDRESS: 6 Liberty Pkwy Dundalk

MEDICAL CERTIFICATION

18. 4/22/1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arterio-sclerotic cardio-

DUE TO

(C) vascular disease — 3 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 - 8, 1950, *to* 4 - 3, 1950, *that I last saw the deceased alive on* 4 - 2, 1950, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Oliver Moores M. D.
23B. ADDRESS: 3105 Belair Rd
23C. DATE SIGNED: 4-3-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/5/50
24C. NAME OF CEMETERY OR CREMATORY: Oaklawn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto Md

VS 150

93D

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Also, please write the correct age is especially important.

R-300

CERTIFICATE CORRECTED 4-13-50

50 3132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3132

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ~~FLORANCE~~ Florence BENNETT REED

2. DATE OF DEATH: Apr. 1, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Edgewood Nursing Home 6000 Belleville Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore 9-8
D. STREET ADDRESS (If rural, give location): 814 W. North Ave. East

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Sept. 12, 1857
9. AGE (In years last birthday): 92 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward W. Face
14. MOTHER'S MAIDEN NAME: Eliz. W. Bennett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. Arthur F. Reed — ADDRESS: 814 W. North Ave. East

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Senility.

DUE TO

(B) Cerebral Arterio-sclerosis

DUE TO

(C) Generalized arterio-sclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): no
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): no — m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR? no —

22. *I hereby certify that I attended the deceased from* March, 1950 *to* April, 1950 *that I last saw the deceased alive on* April, 1950 *and that death occurred at* 3p *m., from the causes and on the date stated above.*

23A. SIGNATURE: Arthur Reed M. D.
23B. ADDRESS: 712 Park Ave
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/5/50
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickerer & Sons
ADDRESS: Balto. Md.

VS 150

97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D Carlson Street
712 Park Ave
PL 6201

563

BIRTH NO. 50 3133

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3133

1. NAME OF DECEASED (Type or Print): Ferdinand O. Reinhard

2. DATE OF DEATH: 4/2/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1701 Eutaw Place
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Balto Md 14-01
D. STREET ADDRESS (If rural, give location): 1701 Eutaw Place

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: May 4, 1886
9. AGE (In years last birthday): 63
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): physician
10B. KIND OF BUSINESS OR INDUSTRY: Health Dept.
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Ferdinand Reinhard
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Safe Deposit & Trust Co. ADDRESS: 13 South St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute muscular dystrophy — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Virus pneumonia

DUE TO

(C) progressive muscular atrophy

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(over)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: C. L. Schumacher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 4/2/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 4/4/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tichenor & Sons
ADDRESS: Balto Md.

VS 151

V3298

82

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

corrected after
Dr Fales discussed
with Dr Fisher by phone
4-21-50
CS

650 50 3134

50 3134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joseph A. Brown

2. DATE OF DEATH: april 3, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2138 Division st
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 14-03
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 2138 Division st

5. SEX: m
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: aug 10 1876
9. AGE (In years last birthday): 73
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): N. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Brown
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): Spanish American
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Delfield Brown ADDRESS: 1424 mount moz CT.

MEDICAL CERTIFICATION

18. 443 X

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: unknown

DUE TO

ANTECEDENT CAUSES

(B) arteriosclerosis & hypertension — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) neuritis of legs — six weeks

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-26, 1950, *to* 4-3, 1950, *that I last saw the deceased alive on* 4-2, 1950, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Frank A. Saunders M. D.
23B. ADDRESS: 1029 N. Stricker St.
23C. DATE SIGNED: 4-4-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-6-50
24C. NAME OF CEMETERY OR CREMATORY: Balto nat
24D. LOCATION (City, town, or county) (State): md

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: George B. Nelson ADDRESS: 1303 Presstman st

VS 150

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

-626 50 3135

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3135

1. NAME OF DECEASED (Type or Print): OCTAVIA PARKER

2. DATE OF DEATH: 4/3/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1369 STRICKER ST
C. Length of stay in Baltimore: 40 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO. 15-01
D. STREET ADDRESS (If rural, give location): 1369 N STRICKER ST

5. SEX: FEMALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT ? 1878
9. AGE (In years last birthday): 71
If Under 1 Year: Months: 6 Days:
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: FRANK DOWNEY
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ELIAS PARKER
ADDRESS: 1369 N STRICKER

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARDIO VASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DUE TO

ANTECEDENT CAUSES

(B) CHRONIC ARTHRITIS — UNKNOWN

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* FEB 15, 1950, *to* APRIL 3, 1950, *that I last saw the deceased alive on* MAR 31, 1950, *and that death occurred at* 7:30 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: William Frey M.D.
23B. ADDRESS: 1928 Penna Ave
23C. DATE SIGNED: 4/4/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/6/50
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): md

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Geo. H. Nelson
ADDRESS: 1303 Gwynn Oak Ave

VS 150

93c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

450

50 3136

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3136

1. NAME OF DECEASED (Type or Print): James J Glenn

2. DATE OF DEATH: 4/3/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4642 Rokeby Rd.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 28-04
D. STREET ADDRESS (If rural, give location): 4642 Rokeby Rd.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: June 11 1872
9. AGE (In years last birthday): 77
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Salesman
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Glenn
14. MOTHER'S MAIDEN NAME: Mary Jordan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-05-2964
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. 163 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Lung — 3 mo.?
DUE TO
(B) Arterio-sclerosis — 10 yrs.
DUE TO
(C) Coronary Thrombosis — 2 hrs.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 15, 19 50, *to* April 2, 19 50, *that I last saw the deceased alive on* April 4, 19 50, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Harry E. Urban M. D.
23B. ADDRESS: 605 Fred Ave - 21201
23C. DATE SIGNED: 4-3-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/5/50
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: M. Faher & Sons
ADDRESS: 1827 W. North Ave.

VS 150

47D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-460

50 3137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3137

Registered No.

BIRTH NO. 50-03366

1. NAME OF DECEASED (Type or Print): (ROLAND) RONALD D. TAYLOR

2. DATE OF DEATH: April 2, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-01
D. STREET ADDRESS (If rural, give location): 1417 E. Biddle Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan. 22, 1950
9. AGE (In years last birthday): If Under 1 Year: Months 2, Days 11, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Robert B. Taylor
14. MOTHER'S MAIDEN NAME: Mildred L. Blackey ✓
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Robert B. Taylor ADDRESS: 1417 E. Biddle St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 491 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].

23A. SIGNATURE: RS Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 4-3-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/5/50
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Memorial Pk.
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Robert L. Young
ADDRESS: 1532 E. Monument St.

107

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legi

435

BIRTH NO. 3138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3138

1. NAME OF DECEASED (Type or Print): ALDOM, Robert W

2. DATE OF DEATH: APRIL 1, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 635 E. 30th St.
c. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-04
D. STREET ADDRESS (If rural, give location): 635 E. 30th St.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Mar. 14, 1875
9. AGE (In years last birthday): 75
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bar Tender
10B. KIND OF BUSINESS OR INDUSTRY: Cocktail Lounge
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Aldom
14. MOTHER'S MAIDEN NAME: Eliz. Biddington

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Richard E. Boal
ADDRESS: 635 E. 30th St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 151 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma, Primary of Stomach — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): None
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* January 10, 1950, *to* March 31, 1950, *that I last saw the deceased alive on* March 31, 1950, *and that death occurred at* 5:15 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Joseph G. Bird M. D.
23B. ADDRESS: 2818 St. Paul St.
23C. DATE SIGNED: April 1, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/4/50
24C. NAME OF CEMETERY OR CREMATORY: Meadowridge
24D. LOCATION (City, town, or county) (State): Howard Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickener & Son
ADDRESS: Ellicott City, Md.

VS 150

46 B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

253
50 3139

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3139
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Catherine M. McIntyre
2. DATE OF DEATH: 4/3/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1700 Ramsay St
C. Length of stay in Baltimore: 60 ? Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 19-04
D. STREET ADDRESS (If rural, give location): 1700 Ramsay St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: ?
9. AGE (In years last birthday): 79
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Costello
14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Matthew J. McIntyre ADDRESS: Ramsay St

MEDICAL CERTIFICATION

18. 331 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: immediate

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

(C) Senility

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic Myocardial Disease — 2 yrs

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 27 Mar 1950 *to* 3 April 1950 *that I last saw the deceased alive on* 1 April 1950 *and that death occurred at* 4 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE: H H Bayless M. D.
23B. ADDRESS: 1600 Wilkens Ave
23C. DATE SIGNED: 3 April 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/6/50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Pott & B. M. Walters
ADDRESS: Pratt & Stucky

VS 150

93D

450

CERTIFICATE CORRECTED 4-10-50

50 3140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50 3140
BIRTH NO.

1. NAME OF DECEASED (Type or Print): Milton Cullen

2. DATE OF DEATH: April 3, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Somerset
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crisfield 6900
D. STREET ADDRESS (If rural, give location): Route #1

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-6-96
9. AGE (In years last birthday): 53
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man
10B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Corp.
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Cullen
14. MOTHER'S MAIDEN NAME: Cora Lawson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO

(B) Gouty nephritis c̄ HCVD

DUE TO

(C) and uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-22- *, 1950, to* 4-3 *, 1950, that I last saw the deceased alive on* 4-3 *, 1950, and that death occurred at* 9 15 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: William W. Winternitz M.D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: April 4 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 7, 1950
24C. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24D. LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Brackett Funeral Parlors
ADDRESS: Crisfield, Md.

VS 150

33629

131a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

552

BIRTH NO. 50 3141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3141

1. NAME OF DECEASED (Type or Print): JOHN ROMANOWSKI

2. DATE OF DEATH: 3 APRIL 50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Good Samaritan Hosp 27 N. Carey St
C. Length of stay in Baltimore: 38 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 1-04
D. STREET ADDRESS (If rural, give location): 802 S. Port Street

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 3-8-1887
9. AGE (In years last birthday): 63 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Gas Electric Co
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Romanowski
14. MOTHER'S MAIDEN NAME: Rosalie Obridzinska

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): (If yes, give war or dates of service): War #1
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Apolonia Siemkiewicz ADDRESS 802 S. Port St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Chronic pyelonephritis and

DUE TO

(C) decreased renal function

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic fibrotic pulmonary disease, non-T.B.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 Mar, 1950, *to* 3 Apr, 1950, *that I last saw the deceased alive on* 2 Apr, 1950, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Emil N. Henning Jr. M. D.
23B. ADDRESS: 601 Winans Way
23C. DATE SIGNED: 3 April 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Buried
24B. DATE: April 5 1950
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary
24D. LOCATION (City, town, or county) (State): Balto County

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Geo. Harry Weber
ADDRESS: 401 S. Chester St

VS 150

98859

133a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-425

50 3142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 3142

1. NAME OF DECEASED (Type or Print): Michalina (Lena) Wilczynski

2. DATE OF DEATH: April 2, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 1-03
D. STREET ADDRESS (If rural, give location): 615 S. Patterson Park

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1884
9. AGE (In years last birthday): 66
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: ? Wojtysiak
14. MOTHER'S MAIDEN NAME: Mary Eckwert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. Walenty Wilczynski
ADDRESS: 615 S. Patterson Pk

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. E900.6

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subdural hematoma due to fracture of skull

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): church
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): St. Stanislaus Church, Ann & Aliceanne Sts.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): March 30, 1950 9.20a.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR?: Slipped and fell down steps

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: April 3, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 5 1950
24C. NAME OF CEMETERY OR CREMATORY: St Stanislaus
24D. LOCATION (City, town, or county) (State): Balta. City

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John M. Welsh
ADDRESS: 401 S. Chester

VS 151

N-803.2

186a

Physicians: please write the causes of death clearly and legibly. Name of deceased must be correct. Correct age is especially important.

450
50 3143

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3143
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): George Scullen
2. DATE OF DEATH: 4/3/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution; give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-02
D. STREET ADDRESS (If rural, give location): 18 N. Bentalow St

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 2/22/1900
9. AGE (In years last birthday): 50 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Street Cleaner
10B. KIND OF BUSINESS OR INDUSTRY: City of Balto.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Scullen
14. MOTHER'S MAIDEN NAME: Margaret Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Elizabeth Burnstad
ADDRESS: Same

MEDICAL CERTIFICATION

18. 332. X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Terminal pneumonia
DUE TO
(B) Cerebral thrombosis, left,
DUE TO
(C) with R. hemiplegia

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/16, 1950, *to* 4/3, 1950, *that I last saw the deceased alive on* 4/3, 1950 *and that death occurred at* 12:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Gerald L. Brooks, M. D.
23B. ADDRESS: St. Agnes Hospital
23C. DATE SIGNED: 4/3/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 5 1950
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Frederick A. Cole
ADDRESS: 1913 W. Baltimore St.

VS 150

988 98

83B

Physicians: Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-360

CERTIFICATE CORRECTED 4-10-50 CERTIFICATE CORRECTED 4-21-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3144

BIRTH NO. 59 3144

1. NAME OF DECEASED (Type or Print): Naomi Naomi Ritter

2. DATE OF DEATH: 4-3-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Univ. Hosp.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-02
D. STREET ADDRESS (If rural, give location): 1506 Eutaw Place

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated 14 yrs
8. DATE OF BIRTH: Oct. 17, 1898
9. AGE (In years last birthday): 50 ~~about 48~~ (51) — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ? Assistant
10B. KIND OF BUSINESS OR INDUSTRY: ? Plumbing & Plastering
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Wesley John W. Strawsburg
14. MOTHER'S MAIDEN NAME: Margaret Eliz. Harris
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-03-0706
17. INFORMANT: Mrs. Robert M. Stonehocker — ADDRESS: 2908 Miles Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rt Intracerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Hypertension & Arteriosclerosis

DUE TO

(C) Cardio-Vascular Renal

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

443 X

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-3, 1950, *to* 4-3, 1950, *that I last saw the deceased alive on* 4-3, 1950, *and that death occurred at* 6 58 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: R. G. Fischer Jr M. D.
23B. ADDRESS: Univ. Hosp.
23C. DATE SIGNED: 4-4-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/7/50
24C. NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park Cem.
24D. LOCATION (City, town, or county) (State): Taylor Ave., Baltimore Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Dickman & Sons
ADDRESS: Balto., Md.

VS 150

988V9 93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

-352

50 3145 M-90291

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3145

1. NAME OF DECEASED (Type or Print): MICHAEL STENCEL

2. DATE OF DEATH: April 2, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18-03
D. STREET ADDRESS (If rural, give location): 1008 W. Lombard Street

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 9-28-47
9. AGE (In years last birthday): 2 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. E916.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carbon monoxide poisoning during conflagration

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1008 W. Lanvale Street 18/3
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 2, 1950 ? p.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Conflagration

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: April 3, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 6, 1950
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Frederick A. Cole
ADDRESS: 1913 W. Baltimore St.

VS 151

N-968.0

180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

415

50 3146

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3146

Registered No.

1. NAME OF DECEASED (Type or Print): MISS MARY K. GALVIN

2. DATE OF DEATH: 4/2/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL
C. Length of stay in Baltimore: 78 (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: —
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 27-12
D. STREET ADDRESS (If rural, give location): 202 E. LAKE AVE.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 1872
9. AGE (In years last birthday): 78
If Under 1 Year: Months: — Days: —
If Under 24 Hours: Hours: — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): BALT., MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: PATRICK GALVIN
14. MOTHER'S MAIDEN NAME: ELIZABETH BUCKLEY.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hosp. Records — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) BRONCHOPNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 1 MONTH

DUE TO

(B) INFLUENZA?

DUE TO

(C) —

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: GENERAL ARTERIOSCLEROSIS

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/4, 1950 *to* 4/2, 1950, *that I last saw the deceased alive on* 4/2, 1950, *and that death occurred at* 3:00 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: James A. Roberts M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: 4/2/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-5-1950
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Flynn & Fleming — ADDRESS: 1426 Light St.

VS 150

33a

correct age is especially important. Physicians: please write the causes of death clearly and legi... Every item of information should be carefully supplied. The

450
50 3147
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3147
Registered No.

1. NAME OF DECEASED (Type or Print) THOMAS FLYNN

2. DATE OF DEATH April 3, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hospital

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-03
D. STREET ADDRESS (If rural, give location) 1432 Riverside Avenue

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH
9. AGE (In years last birthday) 67 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LONGSHOREMAN
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Martin Flynn
14. MOTHER'S MAIDEN NAME Julia Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Miss Mary Mulligan
ADDRESS I432 Riverside Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E910.3
(A) Multiple fractures of ribs and femurs

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) sugar refinery
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) American Sugar Refining Co. 1100 E. Key Highway 24/2

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) March 30, 1950 m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Struck by falling bag of raw sugar

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [X], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED April 3, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4/5/1950
24C. NAME OF CEMETERY OR CREMATORY Cathedral
24D. LOCATION (City, town, or county) (State) Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 4 - 1950
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Flynn & Fleming
ADDRESS I426 Light St.

VS 151

N-809.2 90651 195E

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

625

50 3148

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3148

Registered No.

1. NAME OF DECEASED (Type or Print): Louis LeRoy Grason, Sr.

2. DATE OF DEATH: April 2-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2608 Creighton Ave
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-07
D. STREET ADDRESS (If rural, give location): 2608 Creighton Avenue

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 10-1910
9. AGE (In years last birthday): 39 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): office manager
10B. KIND OF BUSINESS OR INDUSTRY: FERTILIZER (M)
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Louis Grason
14. MOTHER'S MAIDEN NAME: Barbara
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Loretta Grason — ADDRESS: 2608 Creighton

MEDICAL CERTIFICATION

18. 441 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) cardio-renal vascular disease — 1 yr.

DUE TO

(B) malignant hypertension — 8 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 19 49, to Apr. 2, 19 50, that I last saw the deceased alive on Mar 25 19 50, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE: George Sawyer M. D.
23B. ADDRESS: 4808 Harford Rd.
23C. DATE SIGNED: 4/3/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 5-1950
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: L. J. Luck
ADDRESS: 5305 Harford Road

(14)

VS 150

15617

131a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Sawyer.

346

BIRTH NO. 50 3149

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3149
Registered No.

1. NAME OF DECEASED (Type or Print): Joshua D. Stuller

2. DATE OF DEATH: April 3, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-05
D. STREET ADDRESS (If rural, give location): 3123 Rosalie Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 31-1896
9. AGE (In years last birthday): 54
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): P.R.R. Chief Clerk.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Co Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harvey T Stuller
14. MOTHER'S MAIDEN NAME: Annie V. Fishpaw

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Hazel G. Stuller
ADDRESS: 3123 Rosalie

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Wm. H. Kammer, Jr. M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: April 3, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-6-50
24C. NAME OF CEMETERY OR CREMATORY: Maryland Park
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: L. J. Luck
ADDRESS: 5305 Harford Road

VS 151

156 47

94a

correct age is especially important. Physicians: please write the causes of death clearly and legi

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50 3150

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3150

Registered No.

1. NAME OF DECEASED (Type or Print): Harry W. Hobbs

2. DATE OF DEATH: April - 2 - 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1721 N. Port St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-02
D. STREET ADDRESS (If rural, give location): 1721 N. Port St

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 22 - 1877
9. AGE (In years last birthday): 72 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night watchman
10B. KIND OF BUSINESS OR INDUSTRY: St. Marys Seme.
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Hobbs
14. MOTHER'S MAIDEN NAME: Margaret Jones
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Susie M. Hobbs ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 177X 1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prostatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: approx 12-18 mo

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Cardiovascular Disease — 1 yr.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 27 Aug, 1949, *to* 2 April, 1950, *that I last saw the deceased alive on* 1 April, 1950, *and that death occurred at* 12 30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Howard Rohrman M. D.
23B. ADDRESS: 1513 N. Milton Ave
23C. DATE SIGNED: 3 Apr 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April-5-1950
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Natl.
24D. LOCATION (City, town, or county) (State): Frederick Road - Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Ray C. Melly Inc.
ADDRESS: 2435 E. Oliver St

VS 150

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51B

correct age is especially important. Physicians: please write the causes of death clearly and legi

N-450

50 3151

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3151

1. NAME OF DECEASED (Type or Print): Frank Wilson Mallonee

2. DATE OF DEATH: April 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3506 Milford Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 50
C. Length of stay in Baltimore 64 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 3506 Milford Ave.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Md. 28-02
D. STREET ADDRESS (If rural, give location): 3506 Milford Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 31, 1885
9. AGE (In years last birthday): 64
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10B. KIND OF BUSINESS OR INDUSTRY: J. Ross Meyers & Son
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Lyon Mallonee
14. MOTHER'S MAIDEN NAME: Anna Matilda Emich

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-09-1051
17. INFORMANT: Alice B. Mallonee
ADDRESS: 5118 Milford Ave.

MEDICAL CERTIFICATION

18. 151 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma Metastatic — INTERVAL BETWEEN ONSET AND DEATH: 6 Mos

DUE TO

ANTECEDENT CAUSES

(B) Carcinoma (Stomach) 1948 — 3 yrs?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 1939 1948
19B. MAJOR FINDINGS OF OPERATION: Prostatectomy Gastroenterostomy (Both by Dr Neal Hayes)
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* 4/1/50, 19__, *that I last saw the deceased alive on* 3/25/50, 19__, *and that death occurred at* 8.20 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: H. Hayes M. D.
23B. ADDRESS: 5701 Georgia Oak Ave
23C. DATE SIGNED: 4/4/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 4-50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Ellsworth Armacost
ADDRESS: 5118 Gwynn Oak Ave.

VS 150

2,060

46B

correct age is especially important. Physicians: please write the causes of death clearly and legi

352

50 3152

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3152

Registered No.

1. NAME OF DECEASED (Type or Print): LILLIAN SUDING.

2. DATE OF DEATH: APRIL 3 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland BALTIMORE CITY.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4301 Roland ave. KIRKLEIGH VILLA.
C. Length of stay in Baltimore LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: BALTIMORE CITY MARYLAND.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE CITY. 27-14
D. STREET ADDRESS (If rural, give location): 4301 ROLAND AVE.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 11/27/1871
9. AGE (In years last birthday): 78
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry A. Suding
14. MOTHER'S MAIDEN NAME: Annie Beauchamp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Frances Roach
ADDRESS: 932 N. Charles

MEDICAL CERTIFICATION

18. 602 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CHRONIC MYOCARDITIS FEBRUARY 5 1949.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CHRONIC PYLEO NEPTHRITIS (STONE) 1949.

DUE TO

(C) ARTERIOR SCLEROSIS 1949

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CYSTIC MYOMIA OF UTERIUS. 1949.

19A. DATE OF OPERATION: JULY 1949
19B. MAJOR FINDINGS OF OPERATION: CYSTIC MYOMIA OF UTERUS STONE IN BOTH KIDNEYS
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* FEBRUARY 5 1949, *to* APRIL 3, 1950 *that I last saw the deceased alive on* APRIL 3, 1950 *and that death occurred at* 1.10 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Chas. P. Claustin M.D.
23B. ADDRESS: 3013 ST PAUL STREET.
23C. DATE SIGNED: APRIL 3 195

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/5/50
24C. NAME OF CEMETERY ~~OR CREMATORY~~: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: H. W. Meeks and Son
ADDRESS: 805 N. Calvert St.

VS 150

134a

correct age is especially important. Physicians: please write the causes of death clearly and le

A-536

50 3153

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3153

1. NAME OF DECEASED (Type or Print): Estelle Taylor Andrews

2. DATE OF DEATH: April 2, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore, Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2001 Park Ave Taylor Friends Home
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: ----
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-02
D. STREET ADDRESS (If rural, give location): 2001 Park Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): About 82 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----------
10B. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? --------

13. FATHER'S NAME: Joseph Andrews
14. MOTHER'S MAIDEN NAME: Anna Burgess

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: ---------
17. INFORMANT: Miss Bertha Janney — ADDRESS: 2001 Park Ave

MEDICAL CERTIFICATION

18. 4330

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) 5:1 Auriculo-Ventricular heart block / Intra ventricular heart block / Stokes Adams Syndrome — Sen Dec 11/49 Dust probably [illegible] 1939.92
DUE TO

(B) Hypertension 190/100 — 1938 — first seen in 1938
DUE TO

(C) Uretral Stricture + Prostatic recurrent - Uretral dilatation — 1939

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mch 2, 1938, *to* Apr 2, 1950 *that I last saw the deceased alive on* Apr 2, 1950, *and that death occurred at* 6:47 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: John A. Luetscher M. D.
23B. ADDRESS: 12 E. Eager St
23C. DATE SIGNED: Apr 3/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/5/50
24C. NAME OF CEMETERY OR CREMATORY: Friends Burial Ground
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Lurrington Williams, M.
25. FUNERAL DIRECTOR: H. H. Mears and Son — ADDRESS: 805 N. Calvert St.

VS 150

95a

Stokes - Adams
An affection marked by a slow pulse,
attacks of vertigo, + epileptoid or apoplectoid seizures
probably due to atherosclerosis of vertebral and
basilar arteries.

Heart block: -
<u>interventricular</u> = a form in which one ventricle
contracts without the other on account of
obstruction in one of the branches of the bundle of His
called also bundle - branch block.

<u>auriculoventricular</u> a form in which the
blocking is at the auriculoventricular junction

Heart block, the condition in which the muscular
interconnection between the auricle + ventricle
is interrupted, so that the auricle + ventricle
beat independently of each other — etc

N-425

50 3154

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3154

Registered No. 50-3154

1. NAME OF DECEASED (Type or Print): John Wilson

2. DATE OF DEATH: April 1/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1708 Eutaw Pl.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmohurst Nursing Home
C. Length of stay in Baltimore 3 yrs. 2 wks. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto. 5300
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Freeland,
D. STREET ADDRESS (If rural, give location): Keaney Mill Road

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH
9. AGE (In years last birthday): 82 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Ret.
10B. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown ??
14. MOTHER'S MAIDEN NAME: unknown ??

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Towson, Md. ADDRESS: Balto. Co. Welfare Bd. Records

MEDICAL CERTIFICATION

1B. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

(B) Cardio Vascular Disease adv.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Arteriosclerosis advanced

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. , 1947, *to* Apr. 1/ , 19 50 *that I last saw the deceased alive on* Mar. 31/ 19 50 *and that death occurred at* 5:45 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Louis Lynch M. D.
23B. ADDRESS: 1700 Eutaw Pl. (17)
23C. DATE SIGNED: 4/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 5/50
24C. NAME OF CEMETERY OR CREMATORY: Bowser Cem.
24D. LOCATION (City, town, or county) (State): New Freedom, Penna.

DATE RECEIVED BY LOCAL REGISTRAR: Apr. 4/50
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: John Burns' Sons
ADDRESS: Towson, Md.

VS 150 aS

93 D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-626

JL- 135378

50 3155
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3155
Registered No.

1. NAME OF DECEASED (Type or Print): Robert Lee Harker

2. DATE OF DEATH: 3-31-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 5-02
D. STREET ADDRESS (If rural, give location): 420 East St. - 2

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid.
8. DATE OF BIRTH: July ? 25, 1864
9. AGE (In years last birthday): 85 ? If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John James ? Harker
14. MOTHER'S MAIDEN NAME: Rebecca Gladson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: B. C. H. Records
ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

181 X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hydronephrosis and Pyelonaphritis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Disease with failure

DUE TO

(C) Carcinoma of the bladder

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma of the Colon

19A. DATE OF OPERATION: 1-30-50
19B. MAJOR FINDINGS OF OPERATION: Incarcerated Hernia
20. AUTOPSY? YES [Yes] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-30-50, 19__, *to* Mar. 31, 19 50 *that I last saw the deceased alive on* Mar. 31, 19 50, *and that death occurred at* 7.30PM., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4940 Eastern Ave
23C. DATE SIGNED: 4-3-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-5-1950
24C. NAME OF CEMETERY OR CREMATORY: Greenmount
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: G. Howard Strong
ADDRESS: 3207 W. North Ave.,

VS 150

46E

correct age is especially important. Physicians: please write the causes of death clearly and fully.

V-640

50 3156

BIRTH NO. 50 3156

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3156

1. NAME OF DECEASED (Type or Print): Joseph Vorel

2. DATE OF DEATH: April 3, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland 841 N. Montford Av

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00

C. Length of stay in Baltimore: 50 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 7-02
D. STREET ADDRESS (If rural, give location): 841 N. Montford Av

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 30, 1873

9. AGE (In years last birthday): 76 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bohemia

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Vaclav Vorel

14. MOTHER'S MAIDEN NAME: Mary Handlir

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Agnes Ella Vorel ADDRESS 841 N. Montford

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Pulmonary Oedema — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

DUE TO

ANTECEDENT CAUSES

(B) Myocardial Degeneration — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chr. Pulmonary Tuberculosis — years

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 29, 1950, *to* April 3, 1950, *that I last saw the deceased alive on* April 2, 1950, *and that death occurred at* 6:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Nicholas Forke M. D.

23B. ADDRESS: 2623 E. Monument St

23C. DATE SIGNED: 4/3/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4-5-50

24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer

24D. LOCATION (City, town, or county) (State): Balt Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1950

REGISTRAR'S SIGNATURE: Huntington Williams M.D.

25. FUNERAL DIRECTOR: Frank Brach & Son ADDRESS: 900 N. Chester St

VS 150

13B

correct age is especially important. Physicians: please write the causes of death clearly and fully.

1-352 50 3157 50 3157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FRANCES WETTENGEL

2. DATE OF DEATH: April 3, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 28 S. Catherine St.
C. Length of stay in Baltimore: 40 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-04
D. STREET ADDRESS (If rural, give location): 28 S. Catherine St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 9, 1869
9. AGE (In years last birthday): 80
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Hummer
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Frances M. Wettengel
ADDRESS: 28 S. Catherine St

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis and myocardial degeneration, arteriosclerotic in origin. — INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO

ANTECEDENT CAUSES

(B) Generalized arteriosclerosis — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus — 5 years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 7, 19 47, *to* April 3, 19 50, *that I last saw the deceased alive on* MAR. 31, 19 50, *and that death occurred at* 10:15 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Melvin N. Binder M. D.
23B. ADDRESS: 2030 W. Fayette St
23C. DATE SIGNED: 4/4/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 5, 1950
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: George L. Schwab
ADDRESS: 2101 Frederick Ave.

VS 150

61

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-526 50 3158

50 3158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Frank Benedict Ganzhorn

2. DATE OF DEATH: April 4, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 308 S. Franklintown Rd
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-04
D. STREET ADDRESS (If rural, give location): 2303 Beck's Lane

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 18, 1875
9. AGE (In years last birthday): 74 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardener
10B. KIND OF BUSINESS OR INDUSTRY: Gardens
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Michael Ganzhorn
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Marie Flint — ADDRESS: 308 S. Franklintown Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 days.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 27, 1950, *to* April 4, 1950, *that I last saw the deceased alive on* April 2, 1950, *and that death occurred at* 7:10 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Howard Yaffee M. D.
23B. ADDRESS: 3101 W. Baltimore St.
23C. DATE SIGNED: 4/3/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 7, 1950
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Geo. L. Schwab — ADDRESS: 2101 Frederick Ave

VS 150

904VV

94a

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

620 50 3159 PARKS 50 3159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EVELYN GENEVA PARKS

2. DATE OF DEATH: 4-4-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNION MEMORIAL HOSP
C. Length of stay in Baltimore: YEARS (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 27-10
D. STREET ADDRESS (If rural, give location): 5221 YORK Rd

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 5-9-1920
9. AGE (In years last birthday): 29 — If Under 1 Year: Months 11, Days 24; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): TEXAS Ind
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: JOHN GLADFELTER
14. MOTHER'S MAIDEN NAME: ELIZABETH GILL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: HUSBAND (ABRAHAM PARKS) ADDRESS: 5221 York Rd

MEDICAL CERTIFICATION

18. 581.1

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subacute yellow atrophy of Liver — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

ANTECEDENT CAUSES

(B) Chronic alcoholism — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bilateral hypostatic congestion of the lungs

19A. DATE OF OPERATION 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MARCH 31, 1950, *to* APRIL 4, 1950, *that I last saw the deceased alive on* APRIL 4, 1950, *and that death occurred at* 5:20 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Henry Reen Shoemaker M. D.
23B. ADDRESS: UNION MEMORIAL HOSPITAL
23C. DATE SIGNED: 4-4-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/7/50
24C. NAME OF CEMETERY OR CREMATORY: Mays Chapel
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Tillman & Son
ADDRESS: 1217 St Paul St

VS 150

125a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50 50 3160

50 3160

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Agnes W. Flynn

2. DATE OF DEATH: April 4, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1126 Barclay St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 10-01
D. STREET ADDRESS (If rural, give location): 1126 Barclay St.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify): Single
8. DATE OF BIRTH: 10/30/1868
9. AGE (In years last birthday): 81
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: House Maid
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Flynn
14. MOTHER'S MAIDEN NAME: Winefred McHale

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Catherine Baxter
ADDRESS: 4328 Park Side Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio Vascular Disease — 4 yr. 1

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: William J. Seifrech M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 4/4/50

24A. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24B. DATE: 4/6/50
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm Cookke
ADDRESS: 1217 St. Paul St.

VS 151

93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

513 50 3161 CERTIFICATE CORRECTED 4-12-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3161

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ~~Otto~~ OTIS Linwood Compton

2. DATE OF DEATH: 4-4-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-06
D. STREET ADDRESS (If rural, give location): 2303 Maryland Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan 9, 1899
9. AGE (In years last birthday): 51
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assembler
10B. KIND OF BUSINESS OR INDUSTRY: Radio
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John D. Compton
14. MOTHER'S MAIDEN NAME: Minnie McAdams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or Unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Patient ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO

ANTECEDENT CAUSES

(B) Urinary obstruction — years

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Vesical calculi + diverticulum — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 3-21-50
19B. MAJOR FINDINGS OF OPERATION: Bladder calculi, vesical diverticula, hypertrophy of prostate
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-2-50, 19__, *to* 4-4-50, 19__, *that I last saw the deceased alive on* 4-4-50, 19__, *and that death occurred at* 3:10 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Glenn P. Grove M. D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: 4-4-50

24A. ~~BURIAL, CREMATION~~ REMOVAL (Specify): Removal
24B. DATE: 4/5/50
24C. NAME OF CEMETERY OR CREMATORY: Evergreen Burial Park
24D. LOCATION (City, town, or county) (State): Roanoke Va.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc ADDRESS: 1217 St. Paul St

VS 150

49635

134 B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

610

50 3162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 50 3162

1. NAME OF DECEASED (Type or Print): Mary Murphy

2. DATE OF DEATH: April 3, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Little Sisters of the Poor Home for the Aged
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-07
D. STREET ADDRESS (If rural, give location): 1263 Druid Hill Ave / 1200 Valley St

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W.
8. DATE OF BIRTH: Nov. 12, 1868
9. AGE (In years last birthday): 81 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nurse
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Belfast Ireland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John McFadden
14. MOTHER'S MAIDEN NAME: Ellen O'Boyle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Sister Ignatius ADDRESS: 1200 Valley St

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Edema Lungs — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Myocarditis — 5 yrs

DUE TO

(C) Arterio-Sclerosis — 10 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 20, 1950, to April 3, 1950, that I last saw the deceased alive on April 3, 1950, and that death occurred at 10:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE: E. Gee Hall M.D. M. D.
23B. ADDRESS: 631 E. North Ave
23C. DATE SIGNED: April 4-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 7
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Rita Wiedefeld
ADDRESS: 900 E. Biddle St

VS 150

93D

254

BIRTH NO. 50 3163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3163

1. NAME OF DECEASED (Type or Print): ULRICH J. WEICHMULLER

2. DATE OF DEATH: APRIL 3, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4156 EIERMAN AVE
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 27-01
D. STREET ADDRESS (If rural, give location): 4156 EIERMAN AVE

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAR 23 1884
9. AGE (In years last birthday): 66
If Under 1 Year: Months: Days: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST
10B. KIND OF BUSINESS OR INDUSTRY: BETH STEEL
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: LEONARD WEICHMULLER
14. MOTHER'S MAIDEN NAME: SOPHIA TRUMERT.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-07-4193
17. INFORMANT: LINA R. WEICHMULLER
ADDRESS: 4156 EIERMAN AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cancer Stomach — INTERVAL BETWEEN ONSET AND DEATH: 10 mo

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Aug 1949.
19B. MAJOR FINDINGS OF OPERATION: Carcinoma
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949 to April 3, 1950, that I last saw the deceased alive on April 1, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE: J. Stardney M. D.
23B. ADDRESS: 3805 Belair Rd
23C. DATE SIGNED: April 4/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: APRIL 5/50
24C. NAME OF CEMETERY OR CREMATORY: MEADOWRIDGE
24D. LOCATION (City, town, or county) (State): WASH. BLVD. MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Cecelia E. Donovan
ADDRESS: 3818 Roland Ave

VS 150

32629

46 B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

426

50 3164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3164

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John B. Blizzard

2. DATE OF DEATH: APR 4 - 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-03
D. STREET ADDRESS (If rural, give location): 1921 Fredrick Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-10-12
9. AGE (In years last birthday): 37 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Radiograph Burner
10B. KIND OF BUSINESS OR INDUSTRY: Balmor Corp.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John H. Blizzard
14. MOTHER'S MAIDEN NAME: Mollie Steger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-05-0592
17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. 416X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary infarctions — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rheumatic heart disease, inactive

DUE TO

(C) ..... ovral

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-24-, 1950, *to* 4-4-, 1950, *that I last saw the deceased alive on* 4-4, 1950, *and that death occurred at* 4:10 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: William W. Winternitz, M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 7/50
24C. NAME OF CEMETERY OR CREMATORY: Hampstead
24D. LOCATION (City, town, or county) (State): Carroll Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Austin E. Donovan
ADDRESS: 3818 Poland Ave

VS 150

496 37

95B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Was this at time of death, a case of active rheumatic fever with heart involvement?

Letter in document file 50-3164 - 5/10/50.

500

50 3165

CERTIFICATE CORRECTED 5-31-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3165

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Rosa Cohen

2. DATE OF DEATH: 4-5-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Balto. Gen. Hosp.
C. Length of stay in Baltimore: 45 YRS. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-02
D. STREET ADDRESS (If rural, give location): 2217 Callow Ave.

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Oct. 1877 (1878)
9. AGE (In years last birthday): 72
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ellis Rosenblum
14. MOTHER'S MAIDEN NAME: Sarah ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ellis Cohen
ADDRESS: 2217 Callow Ave.

MEDICAL CERTIFICATION

18. E903.0

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 7 days
DUE TO Hyper Tension

ANTECEDENT CAUSES

(B) Fractured Rt Hip
DUE TO Fall

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Diabetes Mellitus

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY
R S Fisher
for: C. J. Lubinski, M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION: 3-27-50
19B. MAJOR FINDINGS OF OPERATION: Fracture Rt Hip
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): ACCIDENT
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Kitchen
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Home 13/2
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 3-27-50 m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Pt Fell in Home — Apparently slipped & fell to floor

22. I hereby certify that I attended the deceased from 3-23-50, 19__, to 4-5-50, 19__, that I last saw the deceased alive on 4-5-50, 19__, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE: James A. Doukas M. D.
23B. ADDRESS: West Balto Gen Hospital
23C. DATE SIGNED: 4-5-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-5-50
24C. NAME OF CEMETERY OR CREMATORY: Brai Israel Cong.
24D. LOCATION (City, town, or county) (State): Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Sol. Levinson & Bros
ADDRESS: 1124-26 W North Ave

VS 150

N-820.1

186a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

165

50 3166

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3166

Registered No.

1. NAME OF DECEASED (Type or Print): James P. Davern

2. DATE OF DEATH: April 4, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1204 E. Eager St.,
C. Length of stay in Baltimore: 72 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-01
D. STREET ADDRESS (If rural, give location): 1204 E. Eager St

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-29-1878
9. AGE (In years last birthday): 72
If Under 1 Year: Months 2, Days 5
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10B. KIND OF BUSINESS OR INDUSTRY: Repair shop
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John P. Davern
14. MOTHER'S MAIDEN NAME: Annie Joyce

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-09-4682
17. INFORMANT: Mrs. Lillie E. Davern
ADDRESS: 1204 E. Eager St

MEDICAL CERTIFICATION

18. 422.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis Chronic — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Aortic Regurgitation — 1-week

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): none
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-2 *,* 1950 *to* 4/4 *,* 1950 *, that I last saw the deceased alive on* 4/4 *,* 1950 *, and that death occurred at* 9 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Daniel Miller M. D.
23B. ADDRESS: 1500 N Broadway
23C. DATE SIGNED: 4/4/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-6-1950
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery
24D. LOCATION (City, town, or county) (State): Harford Rd., Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Elmer W. Conklin
ADDRESS: 924 E. Eager St.

VS 150

326 37

92a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

620 50 3167

50 3167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ELIZABETH P. FESSMANN TUERKE

2. DATE OF DEATH: April 3, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4806 Gwynn Oak Avenue
C. Length of stay in Baltimore: life ~~Yrs. Mos. Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 28-02
D. STREET ADDRESS (If rural, give location): 4806 Gwynn Oak Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 4, 1858
9. AGE (In years last birthday): 91
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Phillipp Fessmann
14. MOTHER'S MAIDEN NAME: Elizabeth Pfotzer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Emma T. Schultze
ADDRESS: 693 Gladstone Ave

MEDICAL CERTIFICATION

18. 4221

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

(B) Arteriosclerotic cardiovascular disease — 10 years

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 31, 1950 *to* April 3, 1950, *that I last saw the deceased alive on* April 3, 1950, *and that death occurred at* 10 30 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: M. T. Trabert Jr. M. D.
23B. ADDRESS: 3400 Woodbine Ave. Balt. 7, Md.
23C. DATE SIGNED: 4/3/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/6/50
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Lurington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Lichner & Sons
ADDRESS: Balto Md.

VS 150

93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-163 GEPHART X 50 3168

50 3168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles Gephart

2. DATE OF DEATH: April 4, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSP
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Pa
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Williamsport
D. STREET ADDRESS (If rural, give location): 501 Reynolds St

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 3-27-38
9. AGE (In years last birthday): 12
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Williamsport Penna
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Paul Gephart
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS:

MEDICAL CERTIFICATION

18. 754.6

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Arrest during Operation for

DUE TO

(B) Pulmonic Stenosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 4/4/50
19B. MAJOR FINDINGS OF OPERATION: Pulmonic Stenosis
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/3 *, 1950, to* 4/4 *, 1950, that I last saw the deceased alive on* 4/4 *, 1950, and that death occurred at* 9:25 *P. m., from the causes and on the date stated above.*

23A. SIGNATURE: J N P Johns M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 50
24C. NAME OF CEMETERY OR CREMATORY: Montoursville
24D. LOCATION (City, town, or county) (State): Montoursville Pa

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Frank H Seely
ADDRESS: 814 W 36 St

VS 150

157E

0-120

50 3169

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3169

Registered No.

1. NAME OF DECEASED (Type or Print): THOMAS MORRIS DAVIS

2. DATE OF DEATH: Apr. 2, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1843 Harford Rd.
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-09
D. STREET ADDRESS (If rural, give location): 1843 Harford Road

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 5, 1871
9. AGE (In years last birthday): 79 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprietor
10B. KIND OF BUSINESS OR INDUSTRY: Confectionery str.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Amoss Davis
14. MOTHER'S MAIDEN NAME: Mary Harris
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: 1843 Harford Avenue Mrs Ida E. Davis

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Myocarditis
DUE TO
(B) Arteriosclerotic Cardiovascular Disease
DUE TO
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bronchopneumonia — 5 days.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 17, 1950, to April 2, 1950, that I last saw the deceased alive on April 1, 1950, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Samuel O Mole M. D.
23B. ADDRESS: 1331 E North Ave
23C. DATE SIGNED: 4-3-50.

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 4/5/50
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park Cem
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: NORTH AVE & BROADWAY

VS 150

George F. Sander 93

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-416
50 3170

50 3170

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Dorothy Kilberg

2. DATE OF DEATH: April 5, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4013 Dorchester Road
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4013 Dorchester Road 15-10

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 4, 1908
9. AGE (In years last birthday): 41
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Buyer
10B. KIND OF BUSINESS OR INDUSTRY: Department Store
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry Kilberg
14. MOTHER'S MAIDEN NAME: Kate Polensky

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Harry Kilberg
ADDRESS: 4013 Dorchester Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

170 X

(A) General Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 1/2 yrs.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Carcinoma Breast

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 1 *, 19*47*, to* April 5 *, 19*50*, that I last saw the deceased alive on* April 4 *, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23A. SIGNATURE: Dr Bernard Cohen M. D.
23B. ADDRESS: Marlborough Apt.
23C. DATE SIGNED: 4/5/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 6, 1950
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Rosedale Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Sol Levinson & Bros
ADDRESS: 1126 W North Ave

VS 150

12079

50

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-416

BIRTH NO. 50 3171

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3171

1. NAME OF DECEASED (Type or Print): HENRY J. ALBERT SR.

2. DATE OF DEATH: April 3. 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2537 W. Baltimore St
C. Length of stay in Baltimore: Yrs. life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 20-0
D. STREET ADDRESS (If rural, give location): 2537 W. BALTIMORE St.

5. SEX: MALE
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widower
8. DATE OF BIRTH: Jan 19, 1893
9. AGE (In years last birthday): 57 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FURNITURE FINISHER
10B. KIND OF BUSINESS OR INDUSTRY: Cadden Renaming Co.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Ernest C. Albert
14. MOTHER'S MAIDEN NAME: Elizabeth Ruhe
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Henry J. Albert Jr. ADDRESS: 2537 W. Balto. St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of the lungs — INTERVAL BETWEEN ONSET AND DEATH: unknown.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. cystic disease of the lungs — unknown

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1950 to April 3, 1950, that I last saw the deceased alive on April 2, 1950, and that death occurred at 8:00 A m., from the causes and on the date stated above.

23A. SIGNATURE: Nathan Rocman M. D.
23B. ADDRESS: 206 S. Gilmor St.
23C. DATE SIGNED: 4-3-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/6/50
24C. NAME OF CEMETERY OR CREMATORY: Mt Carmel
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Henry H. Witzke ADDRESS: 4101 Edmondson Ave

VS-190 APR 5 - 1950 45885 47D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-630

50 3172

BIRTH NO. 49-26011

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3172

Registered No.

1. NAME OF DECEASED (Type or Print): Melvin BEARD

2. DATE OF DEATH: April 2, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-09
D. STREET ADDRESS (If rural, give location): ~~1417 Harford Rd.~~ Ave

5. SEX: Mal
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12-3-1949
9. AGE (In years last birthday): If Under 1 Year: Months 3, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Beard
14. MOTHER'S MAIDEN NAME: Marion Green

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Marion Green ADDRESS: 1417 Harford ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

042.1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Broncho-pneumonia and Septicemia
DUE TO Salmonella typhimurium

ANTECEDENT CAUSES

(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Scurvy and malnutrition

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Earl L. Boyle M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: April 3, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-5-50
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem
24D. LOCATION (City, town, or county) (State): A. A. Co Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Payner Sanders ADDRESS: 107 1412 E. Preston St

VS 151

S-530

50 3173

50 3173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Sarah L. Smith

2. DATE OF DEATH: 4/4/50 4 P.M.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Haven Nursing Home 4515 Garrison Boulevard
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 27-18
D. STREET ADDRESS (If rural, give location): 4949 Edgemere Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10/7/1860
9. AGE (In years last birthday): 89 — If Under 1 Year: Months 5 Days 27 — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Lignum Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Brown
14. MOTHER'S MAIDEN NAME: Mary Demsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Edna R. Hurlock — ADDRESS: 4949 Edgemere Ave

MEDICAL CERTIFICATION

18. 450.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Senescence Of Age

DUE TO

(B) Congestive Heart Failure — 2 days

DUE TO

(C) Generalized Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-5, 1950, *to* 4-4, 1950, *that I last saw the deceased alive on* 4-3, 1950 *and that death occurred at* 4 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Or Thos F Abbott M. D.
23B. ADDRESS: 4509 Liberty Hgts Ave
23C. DATE SIGNED: 4-5-50

24A. ~~BURIAL, CREMATION~~ REMOVAL (Specify): Removal
24B. DATE: 4/5/50
24C. NAME OF CEMETERY OR CREMATORY: Family Burying Grounds
24D. LOCATION (City, town, or county) (State): Lignum Va.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St.

93E

G-635
50 3174

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3174

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lillian E Gordon
2. DATE OF DEATH: 4-3-50
3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West. Balto. Gen. Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Md. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 18-03
D. STREET ADDRESS (If rural, give location): 861 N. Lombard St.
5. SEX: F
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct 22, 1895
9. AGE (In years last birthday): 54 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Howard E. Eisenhood
14. MOTHER'S MAIDEN NAME: Amanda E. Buchman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Wm. Gordon — ADDRESS: 861 W Lombard St

MEDICAL CERTIFICATION

1B. 251 X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Cerebro Vascular Accident — 10 hrs
DUE TO
(B) Thyroid Adenoma.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 4-3-50
19B. MAJOR FINDINGS OF OPERATION: Massive Thyroid Adenoma.
20. AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-21-50 19__, *to* 4-3-50, 19__, *that I last saw the deceased alive on* 4-3-50, 19__, *and that death occurred at* 4:25 PM, *from the causes and on the date stated above.*

23A. SIGNATURE: James A. Dowker M. D.
23B. ADDRESS: West Balto. Gen. Hospital
23C. DATE SIGNED: 4-3-50
24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/6/50
24C. NAME OF CEMETERY OR CREMATORY: St. Marys.
24D. LOCATION (City, town, or county) (State): Roland Ave Balto, Md
DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Lurington Williams, M.D.
25. FUNERAL DIRECTOR: Mildred J. Blight
ADDRESS: 6009 Harford Rd

VS 150

63a

50 3175
A-352
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 50 3175
Registered No.

1. NAME OF DECEASED (Type or Print): WILLIAM JAMES ADAMS

2. DATE OF DEATH: April 5, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Marine Hospital Wyman Pk. Drive & 31st St.
C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Somerset
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crisfield 6933
D. STREET ADDRESS (If rural, give location): 306 N. First St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: ?
9. AGE (In years last birthday): 82
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman (Captain)
10B. KIND OF BUSINESS OR INDUSTRY: Seafarer
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William James Adams
14. MOTHER'S MAIDEN NAME: Julia ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Records- US Marine Hospital, Balto, Md. ADDRESS

MEDICAL CERTIFICATION

18. 332 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gastrointestinal hemorrhage of undetermined site — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

DUE TO

ANTECEDENT CAUSES

(B) Cerebral vascular thrombosis — 5 wks.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 3, 1950, *to* Apr. 5, 1950, *that I last saw the deceased alive on* Apr. 5, 1950 *and that death occurred at* 5:25A *m., from the causes and on the date stated above.*

23A. SIGNATURE: John L. Wilson, M. D. — John L. Wilson, Medical Director
23B. ADDRESS: US Marine Hospital, Balto, Md.
23C. DATE SIGNED: 4/5/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State): Crisfield Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Durward B. Covington
ADDRESS: Crisfield Md.

VS 150

83B

D-151
50 3176

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3176
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): DAVENPORT, EDWIN RICHARD

2. DATE OF DEATH: APR. 3, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1006 PENNA. AVE.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore Yrs. Mos. Days LIFE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE 1006 PENNA. AVE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE MD. 17-02
D. STREET ADDRESS (If rural, give location)

5. SEX: MALE
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): DIV.
8. DATE OF BIRTH: Oct. 17, 1902
9. AGE (In years last birthday): 47
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK
10B. KIND OF BUSINESS OR INDUSTRY: FURNITURE
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? AMERICA

13. FATHER'S NAME: DAVENPORT, LOUIS HENRY
14. MOTHER'S MAIDEN NAME: LILLIE SMITH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): YES
(If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.
17. INFORMANT: HORTENSE D. CAIN
ADDRESS: 1006 PENNA. AVE.

MEDICAL CERTIFICATION

18. 142.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) SQUAMOUS-CELL CARCINOMA (WHARTON'S DUCT)
DUE TO
(B) METASTASIS TO LUNGS
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: approx 9 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/27, 1950, to 4/3, 1950 that I last saw the deceased alive on 4/2, 1950 and that death occurred at 8:20 A m., from the causes and on the date stated above.

23A. SIGNATURE
23B. ADDRESS: RAYNER BROWNE, M.D. 1500 EAST MADISON ST. BALTIMORE, MD.
23C. DATE SIGNED: 4-3-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-7-50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: James A. Sayers
ADDRESS: 638 N. Gilmor St.

VS 150

29867

55E

Wharton's duct = Excretory duct of the submaxillary gla

K-200 50 3177

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3177

1. NAME OF DECEASED (Type or Print): Richard MONROE Kasch

2. DATE OF DEATH: March 17, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-04
D. STREET ADDRESS (If rural, give location): 2027 Guilford Ave.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN -
8. DATE OF BIRTH: AUG 30-1896
9. AGE (In years last birthday): 53
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Akron Ohio
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fred-M. Kasch
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): YES
(If yes, give war or dates of service): 1st WORLD-WAR
16. SOCIAL SECURITY NO.:
17. INFORMANT: U.S. VETERANS-REGIONAL OFFICE
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 353.3
(A) Epilepsy
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: Earl L Boyer M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: March 17, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: APRIL 5-50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Balto Md -

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Ellsworth Armacost
ADDRESS: 5118 Gwynn Oak Ave.

VS 151

S-340
ES-136931 50 3178

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3178
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Priscilla Staylei

2. DATE OF DEATH: 4-3-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-02
D. STREET ADDRESS (If rural, give location): 905 Summerset Street (2) Somerset

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 19, 1897
9. AGE (In years last birthday): 53 52 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Deleware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Dorsey
14. MOTHER'S MAIDEN NAME: Unkown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records*Balto. City Hospitals ADDRESS 4940 Eastern Aven

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 600.0
(A) Uremia
DUE TO
(B) Left Pyelonephritis
DUE TO
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Coronary Sclerosis
Hypertensive Cardiocascular Disease

19A. DATE OF OPERATION 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-29, 19 50, *to* 4-3, 19 50, *that I last saw the deceased alive on* 4-3, 19 50, *and that death occurred at* 1:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 4-3-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/6/1950
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn A.A.Co.Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Thomas J. Williams, M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson ADDRESS: 1000 Brantly Ave

VS 150

3178

93D

P. 520

BIRTH NO. 50 3179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3179

1. NAME OF DECEASED (Type or Print): ELMER GRANT PHENICIE, SR.

2. DATE OF DEATH: April 4, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2816 Waterview Ave.
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-42
D. STREET ADDRESS (If rural, give location): 2816 Waterview Ave.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 6, 1873
9. AGE (In years last birthday): 76 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): glass blower
10B. KIND OF BUSINESS OR INDUSTRY: glass mfg.
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Phenicie
14. MOTHER'S MAIDEN NAME: Dillia Ankner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-10-8318
17. INFORMANT: Mrs. Jennie Phenicie — ADDRESS: 2816 Waterview Av.

MEDICAL CERTIFICATION

18. 4/22/1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis — 4 days.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis — @ 10 yrs.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Cardiovascular Disease

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December 26, 1949, *to* April 4, 1950, *that I last saw the deceased alive on* April 4, 1950, *and that death occurred at* 4 45 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. Arthur Rosskopf M. D.
23B. ADDRESS: 2411 Washington Blvd - 30
23C. DATE SIGNED: 4/5/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/7/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pohlmann & Sons
ADDRESS: Balto Md.

VS 150

93D

B-260

BIRTH NO. 50 3180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 50 3180

Registered No.

1. NAME OF DECEASED (Type or Print): Henry W. Beecher

2. DATE OF DEATH: April 4, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 23 JOHNS HOPKINS
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Pa.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Manchester
D. STREET ADDRESS (If rural, give location): --

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 7-28-87
9. AGE (In years last birthday): 62
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner
10B. KIND OF BUSINESS OR INDUSTRY: Candy Mfgr.
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Beecher
14. MOTHER'S MAIDEN NAME: Ella M. Godfrey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

DUE TO

(B) Carcinoma of urinary bladder — 1 yr

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: none in past 6 mo.
19B. MAJOR FINDINGS OF OPERATION: Ureterosigmoidostomy — Carcinoma bladder
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-31, 1950, *to* 4-4, 1950, *that I last saw the deceased alive on* 4-4, 1950, *and that death occurred at* 5 55 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Duane D. Merrill M.D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4-4-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 4/5/50
24C. NAME OF CEMETERY OR CREMATORY: --
24D. LOCATION (City, town, or county) (State): Manchester, Pa.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Lickner
ADDRESS: Lions Bath Md

VS 150

156 X 2

52 B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-420

50 3181

50 3181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Silas Benjamin Mills

2. DATE OF DEATH: April 4, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Anderson Convalescent & Rest Home 3605 Hillsdale Road
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 19-02
D. STREET ADDRESS (If rural, give location): 1318 W. Lexington St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 14, 1860
9. AGE (In years last birthday): 89 yrs
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Optician & Jeweler, Watchmaker
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): St. John's, New Brunswick, Canada
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Mills
14. MOTHER'S MAIDEN NAME: Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. George Gibson
ADDRESS: 824 Whitmore Ave.

MEDICAL CERTIFICATION

18. 177 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Prostate with
DUE TO Generalized Metastasis

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES

(B)
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Generalized Arteriosclerosis

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1939, *to* April 4, 1950, *that I last saw the deceased alive on* 4-4, 1950, *and that death occurred at* 10.12A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Geo Ackman M. D.
23B. ADDRESS: 1201 Poplar Grove St.
23C. DATE SIGNED: 4-4-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 7, 1950
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Lexington Williams, M.D.
25. FUNERAL DIRECTOR: Phillips Lawrence
ADDRESS: 4510 Liberty Heights Ave.

VS 150

51B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 50 3182 Registered No. 50 3182

1. NAME OF DECEASED (Type or Print): Mary Haggerty

2. DATE OF DEATH: 4/3/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: 15 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 3204 McShane way

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 13, 1902
9. AGE (In years last birthday): 47
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Whalen
14. MOTHER'S MAIDEN NAME: Delia Ryan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Self
ADDRESS: As Above

MEDICAL CERTIFICATION

18. 410 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatic Cardiovascular disease with mitral and aortic insufficiency and congestive failure grade IV

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2/, 1950 to 4/30, 1950, that I last saw the deceased alive on 4/3/, 1950, and that death occurred at 6:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Thomas W. O'Mary M. D.
23B. ADDRESS: Mercy Hosp.
23C. DATE SIGNED: 4/3/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/7/50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John A. Morgan
ADDRESS: 3000 E. Balto. St.

VS 150

92B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-560

50 3183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3183

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHRISTINA WUNNER

2. DATE OF DEATH: 4/3/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GENERAL HOSP
C. Length of stay in Baltimore: Unknown (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 9-07
D. STREET ADDRESS (If rural, give location): 1740 CARSWELL ST.

5. SEX: F
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JULY 24, 1864
9. AGE (In years last birthday): 85
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: KRISTIAN HAYER
14. MOTHER'S MAIDEN NAME: ROSA KLASSER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: EDWIN HOLDEN
ADDRESS: 1740 CARSWELL ST

MEDICAL CERTIFICATION

18. 332 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBRAL VASCULAR THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS ~~10 YRS~~

DUE TO

ANTECEDENT CAUSES

(B) CEREBRAL ARTERIOSCLEROSIS — 10 YRS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

CERTIFICATION APPROVED BY Dr. Kammer

(C) per R. S. Fisher M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. FRACTURE OF RT. HIP — 34 DAYS

19A. DATE OF OPERATION: 2/23/50
19B. MAJOR FINDINGS OF OPERATION: FRACT. OF RT. FEMUR
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): ACCIDENT
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): HOME
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1740 CARSWELL ST.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 2 · 21 · 50 10Pm.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? FELL DOWN BACK STEPS

22. *I hereby certify that I attended the deceased from* 2/22, 1950 *to* 4/3, 1950 *that I last saw the deceased alive on* 4/3, 1950 *and that death occurred at* 10:20 *am., from the causes and on the date stated above.*

23A. SIGNATURE: Paul S. Herold M. D.
23B. ADDRESS: Maryland General Hosp
23C. DATE SIGNED: 4/3/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Birial
24B. DATE: 4/6/1950
24C. NAME OF CEMETERY OR CREMATORY: Glenn Haven
24D. LOCATION (City, town, or county) (State): Anne Arundel County Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Lilly & Zeiler Inc.
ADDRESS: 403 S. Wolfe St, Balto.

VS 150

O.K. to be O.K.'d by medical examiner

186a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2.38

2.38

B-200

50 3184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 50 3184

1. NAME OF DECEASED (Type or Print): CHARLES C. BASS.

2. DATE OF DEATH: APRIL-3-1950.

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2845-Harlem Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): — — — — — — — —
C. Length of stay in Baltimore 30 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore. 16-06
D. STREET ADDRESS (If rural, give location): 2845-Harlem Ave.

5. SEX: Male
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: APRIL-18-1877
9. AGE (In years last birthday): 72. If Under 1 Year: Months Days. If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Upholstering & Cabinet
10B. KIND OF BUSINESS OR INDUSTRY: Own Business.
11. BIRTHPLACE (State or foreign country): Chattanooga, - Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Christopher Bass.
14. MOTHER'S MAIDEN NAME: Unknown.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no.
(If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: no.
17. INFORMANT: Ralph L. Bass. ADDRESS: - 2845-Harlem Ave.

MEDICAL CERTIFICATION

18. ~~443X~~ 420.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Cerebral hemorrhage — 1/2 day
DUE TO Arteriosclerosis — Arteriosclerotic type heart disease with hypertension, cardiac hypertrophy and congestive failure. — Several years
(B)
DUE TO
(C)

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1, 1950, *to* April 3, 1950, *that I last saw the deceased alive on* April 1, 1950, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. M. Michel M. D.
23B. ADDRESS: 1015 Poplar Grove St.
23C. DATE SIGNED: April 4 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL.
24B. DATE: APRIL-6-1950
24C. NAME OF CEMETERY OR CREMATORY: GOOD-SHEPHERD-CEMETERY.
24D. LOCATION (City, town, or county) (State): ELLICOTT-CITY--- MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Charles J. Schwab. ADDRESS: - 3512-Frederick, Ave.

VS 150

15667

93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

-925

50 3185

Grave #3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3185

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): UNKNOWN WHITE MALE

2. DATE OF DEATH: February 16, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 3-01
D. STREET ADDRESS (If rural, give location): 1510 Eastern Avenue

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): U
8. DATE OF BIRTH: U
9. AGE (In years last birthday): 55?
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N
10B. KIND OF BUSINESS OR INDUSTRY: K
11. BIRTHPLACE (State or foreign country): N
12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: N O
14. MOTHER'S MAIDEN NAME: N O

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): N
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: N
17. INFORMANT: N
ADDRESS

MEDICAL CERTIFICATION

18. E890.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxia due to

DUE TO

Carbon monoxide

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): residence
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1510 Eastern Avenue
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): February 16, 1950 ?p.m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? One burner on but unlit - flame extinguished when water boiled over

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: H. J. Mc Clafferty M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Feb. 17, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: PUBLIC CEMETERY APR 6 1950
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS

VS 151 N-968.0 178a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

-432 50 3186 Grave #4 50 3186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO

1. NAME OF DECEASED (Type or Print): CHRIST SCHULTZ

2. DATE OF DEATH: March 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Found: East side of Pier #4 Pratt St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: U
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore K 4-01
D. STREET ADDRESS (If rural, give location): N O

Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: white
6. COLOR OR RACE: male
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): U
8. DATE OF BIRTH: U
9. AGE (In years last birthday): 55? N
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N
10B. KIND OF BUSINESS OR INDUSTRY: K
11. BIRTHPLACE (State or foreign country): N K
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: N O
14. MOTHER'S MAIDEN NAME: N O

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): N
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: N
17. INFORMANT: N
ADDRESS

MEDICAL CERTIFICATION

18. E 929.8

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Drowning

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): harbor
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): East side of Pier #4 Pratt Street 4-1
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Found: March 10, 1950 m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Accidentally drowned

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: Earl L Rogers M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: March 17, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: PUBLIC CEMETERY APR 6 1950
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR
ADDRESS

Commissioner of Health

VS 151 N-990 183 ✓

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-640

BIRTH NO. 50 3187

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3187

1. NAME OF DECEASED (Type or Print): JAMES H. CARROLL

2. DATE OF DEATH: 4/3/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived/ If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: none
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-07A
D. STREET ADDRESS (If rural, give location): 3120 Gwynns Falls Parkway

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 21, 1897
9. AGE (In years last birthday): 53 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant
10B. KIND OF BUSINESS OR INDUSTRY: Lansburg Garber Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: James I. Carroll
14. MOTHER'S MAIDEN NAME: Minnie M. Carroll
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: J. Earl Carroll — ADDRESS: 3612 Gwynn Oak Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

420.1

(A) Coronary Vascular Disease

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: John R. Weirs M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 4/4/50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 4 - 5 - 50
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Pl.
M B Mitchell

VS 151

21093

94a

H-655

50 3188

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3188

Registered No.

1. NAME OF DECEASED (Type or Print): LILLIE H. HARMAN

2. DATE OF DEATH: April 2, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3537 Liberty Heights Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-08A
D. STREET ADDRESS (If rural, give location): 3537 Liberty Heights Ave.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug. 11 187.
9. AGE (In years last birthday): 79
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HOWARD DAVIS
14. MOTHER'S MAIDEN NAME: SARAH CHENOWETH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mr. I. W. Harman
ADDRESS: 3537 Liberty Hgts. Ave.

MEDICAL CERTIFICATION

18. 420.0

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio-Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Chronic Bronchitis — 2 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1935, *to* April 2, 1950, *that I last saw the deceased alive on* March 24, 1950, *and that death occurred at* 11.30 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Earl L. Chambers M. D.
23B. ADDRESS: 4108 Liberty Hts Ave
23C. DATE SIGNED: 4/4/50.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/6/50
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto Md.

VS 150

Huntington Williams, M.D.

93D

Correct type is especially important. Physicians: please write the causes of death clearly and legibly.

H-560

HENRY

50 3189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3189

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): ALICE Mary A Henry

2. DATE OF DEATH: 4-3-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): President Hosp.
C. Length of stay in Baltimore: 11 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-67
D. STREET ADDRESS (If rural, give location): 1111 N. Caroline St

5. SEX: F
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug 12 1936
9. AGE (In years last birthday): 13
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School girl
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Long Island
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Hurd
14. MOTHER'S MAIDEN NAME: Ethel Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Bessie Henry ADDRESS: 1111 N. Caroline St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Syringomyelia	Undet.
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
DUE TO		
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1-50, 19__, *to* 4-13-50, 19__, *that I last saw the deceased alive on* 4-3-50, 19__, *and that death occurred at* 1:12 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Lucius A. Sears M.D.
23B. ADDRESS: President Hosp
23C. DATE SIGNED: 4-3-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 5 50
24C. NAME OF CEMETERY OR CREMATORY: Gibertus M. Park
24D. LOCATION (City, town, or county) (State): Gibertus Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Robert A. Elliott & Daughter
ADDRESS: 1129 N. Carolina St

VS 150

Physicians: Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

600
50 3190

Reuwer

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 50 3190

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ferdinand H. Reuwer

2. DATE OF DEATH: 4/5/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days): 13

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glen Burnie 5000
D. STREET ADDRESS (If rural, give location): Silver Sands Route #1 Box #288

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8/19/90
9. AGE (In years last birthday): 59
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired (Salesman)
10B. KIND OF BUSINESS OR INDUSTRY: General Merchandise
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Theodore Reuwer
14. MOTHER'S MAIDEN NAME: Elizabeth Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-01-2950
17. INFORMANT: Mrs. Gloria Wilson
ADDRESS: Glen Burnie Md. Route #1, Box #288

MEDICAL CERTIFICATION

18. 332

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerosis, generalized

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/28/50, 19__, *to* 4/5/50, 19__, *that I last saw the deceased alive on* 4/5/50 19__, *and that death occurred at* 6:45A m., *from the causes and on the date stated above.*

23A. SIGNATURE: F. H. Sarles M. D.
23B. ADDRESS: 1213 Light Street
23C. DATE SIGNED: 4/5/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/7/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): Brooklyn, R. I. D.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Thomas W. Singleton
ADDRESS:

VS 150

29863

83B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-500

FOR APPROVAL BY MED. EXAM.

50 3191

BIRTH NO. 49-08074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3191

Registered No.

1. NAME OF DECEASED (Type or Print): CLARENCE C. SWAIN, ~~JR.~~ II

2. DATE OF DEATH: APRIL 3, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland: BALTIMORE.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST AGNES HOSPITAL
C. Length of stay in Baltimore (Yrs. Mos. Days): D.O.A.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: A.A.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GLEN BURNIE RURAL
D. STREET ADDRESS (If rural, give location): MARLEY ROAD 176 A.

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE.
8. DATE OF BIRTH: APRIL 7, 1949
9. AGE (In years last birthday): If Under 1 Year: Months 11, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): BALTIMORE MD
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: CLARENCE C. SWAIN I
14. MOTHER'S MAIDEN NAME: LILLIAN BATES
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: CLARENCE SWAIN I ADDRESS: MARLEY RD. 176A.

MEDICAL CERTIFICATION

18. 274X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) SEPTICEMIA - OVERWHELMING

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) BILATERAL HEMORRHAGE

DUE TO

(C) INTO ADRENALS

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY: R B Fisher MD

CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* D.O.A., 19__, *to* ___, 19__, *that I last saw the deceased alive on* ___, 19__, *and that death occurred at* ___ *m., from the causes and on the date stated above.*

23A. SIGNATURE: John H. Shaw M. D.

23B. ADDRESS: St. Agnes Hosp.

23C. DATE SIGNED: 4/4/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 4-5-50

24C. NAME OF CEMETERY OR CREMATORY: GLEN HAVEN

24D. LOCATION (City, town, or county) (State): GLEN BURNIE MD

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Thomas W. Singleton ADDRESS: GLEN BURNIE

VS 150

24a

Important. Physicians: please write the causes of death clearly and legibly. The specific information should be carefully supplied. Every item of information should be carefully supplied.

160

50 3192

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3192

Registered No.

1. NAME OF DECEASED (Type or Print): Adele Roeper

2. DATE OF DEATH: Apr. 4, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore Gen'l Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days 46

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 19-03
D. STREET ADDRESS (If rural, give location): 230 S. Stricker St

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 20, 1872
9. AGE (In years last birthday): 77
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Artist.
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: —
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs. Merrill Temmins
ADDRESS: 16 N. Rosedale - Balto 29.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular disease, with cardiac enlargement and acute congestive failure.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pleuritis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ✓ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 5:30pm 4/4, 1950, *to* 6 pm 4/4, 1950, *that I last saw the deceased alive on* 4/4, 1950, *and that death occurred at* 6 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Sara E. Bennett M. D.
23B. ADDRESS: West Baltimore Gen'l Hosp.
23C. DATE SIGNED: 4/5/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-6-1950
24C. NAME OF CEMETERY OR CREMATORY: Baltimore
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: G. Howard Strong
ADDRESS: 3207 W. North Ave.,

VS 150

93D

20

50 3193

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3193
Registered No.

1. NAME OF DECEASED (Type or Print): Linda S. Betts (BETTS)

2. DATE OF DEATH: April 5, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: New Jersey
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ridgewood
D. STREET ADDRESS (If rural, give location): 572 Cliff St

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 4-29-47
9. AGE (In years last birthday): 2 3/12
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N. J.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert G. Betts
14. MOTHER'S MAIDEN NAME: Helen M. McLaughlin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS:

MEDICAL CERTIFICATION

18. 7544

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cardiac Arrest during operation for

DUE TO

(B) Congenital Heart Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION APPROVED BY
R. H. Fisher M. D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 4/5/50
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/4, 1950, to 4/5, 1950, that I last saw the deceased alive on 4/5, 1950, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE: I N P Johns M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4/5/50

24A. ~~BURIAL, CREMATION~~ REMOVAL (Specify): Removal
24B. DATE: 4/6/50
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Ridgewood
24D. LOCATION (City, town, or county) (State): N. J.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Winfrington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook Inc.
ADDRESS: 727 St. Paul St.

VS 150 Med. & Case To be approved

157E

450

50 3194

BIRTH NO.

MALIN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3194

Registered No.

1. NAME OF DECEASED (Type or Print): MAX MALIN

2. DATE OF DEATH: April 5, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
C. Length of stay in Baltimore: 50 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 3-02
D. STREET ADDRESS (If rural, give location): 1131 E Baltimore St

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1880
9. AGE (In years last birthday): 70
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairy Business Own
10B. KIND OF BUSINESS OR INDUSTRY: Business
11. BIRTHPLACE (State or foreign country): Rudsia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sol Malin
14. MOTHER'S MAIDEN NAME: Unkown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Irvin Golboro ADDRESS: 2212 Mt Royal Terrace

MEDICAL CERTIFICATION

18. 561.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

(B) Coronary insufficiency

DUE TO

(C) Strangulated femoral hernia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arc Heart Disease

Uremia

19A. DATE OF OPERATION: 4/4/50
19B. MAJOR FINDINGS OF OPERATION: Strangulated femoral hernia, rt.
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/3, 1950, *to* 4/5, 1950, *that I last saw the deceased alive on* 4/5, 1950, *and that death occurred at* 4:30 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Howard H. Pratt M. D.
23B. ADDRESS: Sinai Hospital of Balto.
23C. DATE SIGNED: 4/5/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 6, 1950
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Rosedale Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Sol Levinson & Bros
ADDRESS: 1126 W North Ave

VS 150

15662

122a

653

50 3195

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3195

Registered No.

1. NAME OF DECEASED (Type or Print): JAMES BARNETT

2. DATE OF DEATH: 4 April 50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Good Samaritan Hosp. 27 N. Carey St
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 12-07
D. STREET ADDRESS (If rural, give location): 2101 N. Howard St

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Jan. 1888
9. AGE (In years last birthday): 62
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Laborer
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): A. A. Co. Md
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Samuel Barnett
14. MOTHER'S MAIDEN NAME: Elizabeth Kirby

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Price — ADDRESS: 2101 N. Howard St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis

DUE TO

(B) Marked arteriosclerosis & chronic myocarditis

DUE TO

(C) Arteriosclerosis & hypertension cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 Feb, 1950, *to* 4 April, 1950, *that I last saw the deceased alive on* 3 April, 1950, *and that death occurred at* 11 30 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Emil H. Hennigh M. D.
23B. ADDRESS: 601 Winans Way
23C. DATE SIGNED: 5 April 50

24A. BURIAL, CREMATION, REMOVAL (Specify): B.
24B. DATE: 4-7-50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): A. A. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 1950
REGISTRAR'S SIGNATURE: Huntington Indiana, M.D.
25. FUNERAL DIRECTOR: Samuel W. Sullivan Jr
ADDRESS: 1011 N. Arlington Ave

VS 150

98899

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

400

50 3196

BIRTH NO. 50-06445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 50 3196

Registered No.

1. NAME OF DECEASED (Type or Print): Baby Boy Healey

2. DATE OF DEATH: 3-24-50 @ 4:06 pm

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Rural
D. STREET ADDRESS (If rural, give location): Frederick Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 3-24-50 @ 3:49 pm
9. AGE (In years last birthday): If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.: 17

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Healey
14. MOTHER'S MAIDEN NAME: Eleanor Day

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Hospital Records ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity — INTERVAL BETWEEN ONSET AND DEATH
DUE TO Pre-eclampsia of the mother.
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23A. SIGNATURE: Wm. H. Sawyer, Jr. M. D.
23B. ADDRESS: 4207 Frederick ave
23C. DATE SIGNED: 3/25/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-25-50
24C. NAME OF CEMETERY OR CREMATORY: Good Shepherd
24D. LOCATION (City, town, or county) (State): Ellicott City Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: J. C. Higinbotham
ADDRESS: Ellicott City Md

VS 150

(over)

159

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Originally reported as Stillbirth (36358)

36358

632

50 3197

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3197

1. NAME OF DECEASED (Type or Print): MARTIN PETER BRAUTIGAM

2. DATE OF DEATH: April 3, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland 26 S. Ellwood Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00

C. Length of stay in Baltimore: Lifetime (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 1-02

D. STREET ADDRESS (If rural, give location): 26 S. Ellwood Ave.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 3, 1876

9. AGE (In years last birthday): 73

If Under 1 Year: Months: Days:

If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary engineer-ret.

10B. KIND OF BUSINESS OR INDUSTRY: ...

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Adam Brautigam

14. MOTHER'S MAIDEN NAME: Augusta Schmidt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Spohia Bratuigam

ADDRESS: 26 S. Ellwood Ave.

MEDICAL CERTIFICATION

18. 204.0

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

DUE TO

ANTECEDENT CAUSES

(B) Acute Lymphatic Leukemia

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Jan 20, 1950, to Apr 3, 1950, that I last saw the deceased alive on Apr 3, 1950, and that death occurred at 12:30 p m., from the causes and on the date stated above.

23A. SIGNATURE: Charles E. MacMinn M. D.

23B. ADDRESS: 2900 E. Balto St.

23C. DATE SIGNED: Apr 4, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Apr 6, 1950

24C. NAME OF CEMETERY OR CREMATORY: Parkwood

24D. LOCATION (City, town, or county) (State): Parkville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Ullrich Funeral Home

ADDRESS: 2008 Orleans St.

VS 150

35681

74a

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

520

50 3198

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3198

Registered No.

1. NAME OF DECEASED (Type or Print): JACOB JAMES

2. DATE OF DEATH: 4-1-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 331 W. HOFFMAN ST.
C. Length of stay in Baltimore: Yrs. Mos. Days — LIFE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 11-04
D. STREET ADDRESS (If rural, give location): 331 W. HOFFMAN ST.

5. SEX: MALE
6. COLOR OR RACE: COL.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 9-15-1897
9. AGE (In years last birthday): 52
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JANITOR
10B. KIND OF BUSINESS OR INDUSTRY: APT. HOUSE
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT JAMES
14. MOTHER'S MAIDEN NAME: ELIZA SMITH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): YES
(If yes, give war or dates of service): WORLD WAR-1
16. SOCIAL SECURITY NO.: 213-10-7431
17. INFORMANT: GEORGE JAMES
ADDRESS: 1934 WALBROOK AVE

MEDICAL CERTIFICATION

18. 002 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 6 months?

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from March 15, 1950, to April 1, 1950, that I last saw the deceased alive on April 1, 1950, and that death occurred at 6:30 p.m., from the causes and on the date stated above.*

23A. SIGNATURE: W. H. Watts, M. D.
23B. ADDRESS: 5 N. Gay St.
23C. DATE SIGNED: 4/3/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/6/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Charles A. Rice
ADDRESS: 661 W. Baltimore St.

VS 150

74081

13B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

445

50 3199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3199

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LYDIA BULL WILHELM

2. DATE OF DEATH: April 4, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5505 Gwynn Oak Avenue
C. Length of stay in Baltimore: 25 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 28-02
D. STREET ADDRESS (If rural, give location): 5505 Gwynn Oak Avenue

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Mayried
8. DATE OF BIRTH: September 15, 1889
9. AGE (In years last birthday): 60 — If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mayyland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Robert Bull
14. MOTHER'S MAIDEN NAME: MARY Bollinger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214-22-7605
17. INFORMANT: Mr. Guy Wilhelm
ADDRESS: 5505 Gwynn Oak Ave 7-

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive cardiovascular disease — 12 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cholecystitis — 3 yrs

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 9, 1949 *to* April 4, 1950, *that I last saw the deceased alive on* April 4, 1950 *and that death occurred at* 9 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: M. T. Traband Jr. M. D.
23B. ADDRESS: 3400 Woodbine Ave. Balt. 7 Md
23C. DATE SIGNED: 4/4/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: april 8-50
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Woodlawn Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Ellsworth Armacost
ADDRESS: 5118 Gwynn Oak Ave 93

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6 copies

30 Hospital Disposal

50 3200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3200

BIRTH NO. 50-06653

1. NAME OF DECEASED (Type or Print): Baby "Boy" Howard

2. DATE OF DEATH: MAR 29 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-04
D. STREET ADDRESS (If rural, give location): 400 Lafayette Ave

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 3-27-50
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 2 Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Nelson Howard
14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSP
ADDRESS:

MEDICAL CERTIFICATION

18. 760.5

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intracranial Hemorrhage

DUE TO

ANTECEDENT CAUSES

(B) Prematurity

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-27, 1950, *to* 3-29, 1950, *that I last saw the deceased alive on* 3-29, 1950, *and that death occurred at* 12:25 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: E. C. Robinson M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Hoy Burial
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Lintington Williams, M.D.
25. FUNERAL DIRECTOR: 0 3 2 0 0
ADDRESS:

VS 150

160c

THINK WHILE THAT INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OR-5500

400 Hospital disposal Toothill

50 3201

BIRTH NO. 50-07309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3201

1. NAME OF DECEASED (Type or Print): Baby Boy Toothill

2. DATE OF DEATH: April 1, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. 2 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-018
D. STREET ADDRESS (If rural, give location): 233 Oaklee Village

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 3-30-50
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 2; If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: Virginia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. 760.5

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intracranial Hemorrhage

DUE TO

(B) Prematurity

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-30, 1950 *to* 4-1, 1950, *that I last saw the deceased alive on* 4-1, 1950, *and that death occurred at* 9:45 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: G. Robinson M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Hop Burial
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR:
ADDRESS:

0 0 0 3 2 0 1

VS 150

160a

Physicians: please write the causes of death clearly and legibly. Important. correct age is especially important.

452
50 3202

50 3202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James Williams

2. DATE OF DEATH: 4/3/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 525-W. Biddle St.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17-01
D. STREET ADDRESS (If rural, give location): 525-W. Biddle St.

5. SEX: M.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov. 3 1900
9. AGE (In years last birthday): 49
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Newspaper
11. BIRTHPLACE (State or foreign country): West Africa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT: John Wright
ADDRESS: Mt. Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C) Hypertension

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1/49, 19__, to 4/3/50, 19__, that I last saw the deceased alive on 4/2/50, 19__, and that death occurred at 4:30 p.m. from the causes and on the date stated above.

23A. SIGNATURE: Wm Cramer M. D.
23B. ADDRESS: 23 Cornell
23C. DATE SIGNED: 4/4/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/10/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Com
24D. LOCATION (City, town, or county) (State): A.A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: A. J. Halstead
ADDRESS: 918-

VS 150

28414 Druid Hill Ave.

83a

5-520

50 3203

50 3203

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Charlotte Jones.

2. DATE OF DEATH: 4/3/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 416 - Poppleton St.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: City.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18-01
D. STREET ADDRESS (If rural, give location): 416 - Poppleton St. - N.

5. SEX: F.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Oct. 5 188[illegible]
9. AGE (In years last birthday): 68 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Elizabeth Jones — ADDRESS: 535 Cornell St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Approx 1 hr.

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive Cardiovascular — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) renal disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 27, 1950, *to* April 3, 1950, *that I last saw the deceased alive on* April 3, 1950, *and that death occurred at* 10:12 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: H. Garland Chinell M. D.
23B. ADDRESS: 902 W. Franklin
23C. DATE SIGNED: 4-5-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-9
24C. NAME OF CEMETERY OR CREMATORY: Mt Carey
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Lurington Williams, M.D.
28. FUNERAL DIRECTOR: W. Halstead
ADDRESS: 918 - 988 71 Lucid Hall Ave 31a

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-200

50 3204

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3204

Registered No.

1. NAME OF DECEASED (Type or Print): GEORGE O. ROSS

2. DATE OF DEATH: 5 April 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2568 Edmondson Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —
C. Length of stay in Baltimore: 23 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 2568 Edmondson Ave
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md 16-05
D. STREET ADDRESS (If rural, give location)

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Sarah Ross
8. DATE OF BIRTH: 13 Mar 1877
9. AGE (In years last birthday): 73
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Easton Md —
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Robert E Ross
14. MOTHER'S MAIDEN NAME: Emma Collins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-07-2078
17. INFORMANT: Betsy Ross ADDRESS: 2568 Edmondson Ave

MEDICAL CERTIFICATION

18. J27.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonitis, Chronic, acute exacerbation in both lower lobes — 3 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Emphysema, pulmonary extreme — more than 10 years

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Simmonds' Disease and Rheumatoid Arthritis — ?

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* 4 April, 1950 *and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Conrad Acton M.D.
23B. ADDRESS
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): 4/8/50
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park Cem
24D. LOCATION (City, town, or county) (State): Woodlawn

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Lemington Williams, M.D.
25. FUNERAL DIRECTOR: Chas P Jewell ADDRESS: 2427 Edmondson Ave.

VS 150

3149

113

PLEASE WRITE PLAIN WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

300

50 3205

BIRTH NO.

50 3205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Kate Blanche Neddo

2. DATE OF DEATH: Apr 5 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland 2700 Chelsea Terrace

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: 18 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-09

D. STREET ADDRESS (If rural, give location): 2700 Chelsea Terrace

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Sept 24 1855

9. AGE (In years last birthday): 94

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ------- Girard

14. MOTHER'S MAIDEN NAME: Laura Benjamin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Erminie Katherman

ADDRESS: 2700 Chelsea Ter.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis, Acute

DUE TO Circulation of Heart

(B) General Arteriosclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 23, 1950 to Apr 5, 1950, that I last saw the deceased alive on Apr 4, 1950, and that death occurred at 6 A m., from the causes and on the date stated above.

23A. SIGNATURE: Julius H. Trahan M. D.

23B. ADDRESS: 1219 Poplar Grove

23C. DATE SIGNED: 4/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Entombment

24B. DATE: Apr 7 1950

24C. NAME OF CEMETERY OR CREMATORY: Woodlawn

24D. LOCATION (City, town, or county) (State): Woodlawn Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950

REGISTRAR'S SIGNATURE: Lurington Williams, M.D.

25. FUNERAL DIRECTOR: Harry H. Armacost

ADDRESS: 4204 Ridgewood Ave

VS 150

93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1217 Poplar Ave

B-634

50 3206

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 50 3206

1. NAME OF DECEASED (Type or Print): OLIVIA BAKER BRADLEY

2. DATE OF DEATH: April 4-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2117 Dennison St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CRAWFORD RETREAT-
C. Length of stay in Baltimore: 50 YRS - (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: REISTERSTOWN MD.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): REISTERSTOWN MD.
D. STREET ADDRESS (If rural, give location): —

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: MAY 10-1871
9. AGE (In years last birthday): 78
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): CARROLL Co: MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ISAAC BAKER
14. MOTHER'S MAIDEN NAME: MARTHA BEALE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: WM. F. HOWARD
ADDRESS: 4404 ROLAND AVE

MEDICAL CERTIFICATION

18. 332 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Encephalomalacia — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1950 *to* April 4, 1950 *that I last saw the deceased alive on* April 4, 1950 *and that death occurred at* 2:00 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Albert Gubnitsky M. D.
23B. ADDRESS: 2217 South Rd.
23C. DATE SIGNED: 4/4/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: APRIL 6-50
24C. NAME OF CEMETERY OR CREMATORY: DRUID RIDGE
24D. LOCATION (City, town, or county) (State): PIKESVILLE MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Elsworth Armacost
ADDRESS: 5118 Sunnyside Oak Ave 83C

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

120

Sevick.

50 3207

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3207

Registered No.

1. NAME OF DECEASED (Type or Print): Howard Sevick

2. DATE OF DEATH: April 4th 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1737 N. Lehester St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 8-06
D. STREET ADDRESS (If rural, give location): 1511 E. Lanvale St

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 1892
9. AGE (In years last birthday): 57
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Police
10B. KIND OF BUSINESS OR INDUSTRY: Balto. City
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Sinecht ADDRESS: 1106 E. Biddle St

MEDICAL CERTIFICATION

18. 443X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Cerebral hemorrhage — 30 hours

DUE TO

(B) Severe hypertensive Cardiovascular disease

DUE TO

(C) (? Lues) Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 20, 1949, *to* April 4, 1950, *that I last saw the deceased alive on* April 3, 1950, *and that death occurred at* 10:45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: H. C. Harbold M. D.
23B. ADDRESS: 4706 Harford Road
23C. DATE SIGNED: 4-6-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 8th 1950
24C. NAME OF CEMETERY OR CREMATORY: Baltobem
24D. LOCATION (City, town, or county) (State): E. North Ave Ext.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Geo. G. Lesch
ADDRESS: 1701-03 N. Patterson Park Ave

VS 150

60498

937

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Harbold 4706 Harford Ave Bel. 2613 31 WARREN Rd.

460 MUNFERT C. TAYLOR Dr. Phillips 50 3208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 0 3208

1. NAME OF DECEASED (Type or Print): Munfert Claiborne Taylor
2. DATE OF DEATH: April 4, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 530 Laurens St.
c. Length of stay in Baltimore: 9 yrs. (Yrs. Mos. Days)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-03
D. STREET ADDRESS (If rural, give location): 530 Laurens St.

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 18, 1883
9. AGE (In years last birthday): 66 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): janitor
10B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel
11. BIRTHPLACE (State or foreign country): Lunenburg Co. Va
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Clayton Taylor
14. MOTHER'S MAIDEN NAME: Emma Morgan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 226-14-4520
17. INFORMANT: Mrs. Hattie Sue Taylor ADDRESS: 530 Laurens St

MEDICAL CERTIFICATION

18. 443 X

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs.

DUE TO

(B) Hypertensive Cardio Vascular Disease — 3 mo.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-21, 1949 *to* 4-4, 1950, *that I last saw the deceased alive on* 4-4, 1950, *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Frank L. Phillips M. D.
23B. ADDRESS: 1543 Penna. Ave
23C. DATE SIGNED: 4/5/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: Family lot
24D. LOCATION (City, town, or county) (State): Meredithville, Va

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 David Hill Ave.

VS 150

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420

50 3209
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3209

1. NAME OF DECEASED (Type or Print): JOSEPH FALK
2. DATE OF DEATH: 4-5-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2225 Kirk Ave
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-08
D. STREET ADDRESS (If rural, give location): 2225 Kirk Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 54 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shovel Operator
10B. KIND OF BUSINESS OR INDUSTRY: Contractor
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry
14. MOTHER'S MAIDEN NAME: Celia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Zelda Falk ADDRESS: 2225 Kirk Ave

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.

DUE TO

ANTECEDENT CAUSES

(B) — INTERVAL BETWEEN ONSET AND DEATH:

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) — INTERVAL BETWEEN ONSET AND DEATH:

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 6 1949, to April 5, 1950, that I last saw the deceased alive on April 4 1950, and that death occurred at 10-1 m., from the causes and on the date stated above.

23A. SIGNATURE: M. Eshman M. D.
23B. ADDRESS: 443 Eutaw St
23C. DATE SIGNED: 4.6.50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-6-50
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Herring Run
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Christopher Williams, M.D.
25. FUNERAL DIRECTOR: Jack Levitt Inc
ADDRESS: 2100 Eutaw Pl

VS 150

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94a

Ephraim
3014 Reutertown Rd
9 AM

630
50 3210
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3210

1. NAME OF DECEASED (Type or Print): SIDONIA HARRIDAY (emw)

2. DATE OF DEATH: April 2, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-01
D. STREET ADDRESS (If rural, give location): 1104 Riggs St.

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: March 14 1890
9. AGE (In years last birthday): 60
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert B. Chaney
14. MOTHER'S MAIDEN NAME: Deborah James

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Margaret Palmer
ADDRESS: 328 N. Carrollton ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 443 X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (emw) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: April 2, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-7-1950
24C. NAME OF CEMETERY OR CREMATORY: Arlington Memorial
24D. LOCATION (City, town, or county) (State): Arlington Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 1950
REGISTRAR'S SIGNATURE: Lucy Williams, M.D.
25. FUNERAL DIRECTOR: Mrs. Katie R. Williams
ADDRESS: 322 N. Gilmore St.

VS 151

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152

50 3211

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3211

1. NAME OF DECEASED (Type or Print): Theodore Robinson

2. DATE OF DEATH: 4-2-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 708 Pierce St
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 17-03
D. STREET ADDRESS (If rural, give location): 708 Pierce St.

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: April 26/1882
9. AGE (In years last birthday): 67
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boot Black
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Burgundy Robinson
14. MOTHER'S MAIDEN NAME: Lizzie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: John W. Holliday
ADDRESS: 421 Myrtle Ave

MEDICAL CERTIFICATION

18. 420.0

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Enteroenteritis

DUE TO

(B) Heart Disease

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/1/50, 19__, *to* 4/2/50, 19__, *that I last saw the deceased alive on* 4/1/50, 19__, *and that death occurred at* 4:30 p.m. *from the causes and on the date stated above.*

23A. SIGNATURE: Wm Cramer M. D.
23B. ADDRESS: 703 Cargo St
23C. DATE SIGNED: 4/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-8-1950
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Lincoln Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R Williams
ADDRESS: 322 N Schroeder St

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6 50

50 3212

BIRTH NO. 50 3212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Hazel Reed Erwin.

2. DATE OF DEATH: March 31, 1950.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1620 Delano Court.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-07
D. STREET ADDRESS (If rural, give location): 1620 Delano Court, Gil. Apt.

5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 6, 1921
9. AGE (In years last birthday): 29 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Drakeland, Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Willie Reed.
14. MOTHER'S MAIDEN NAME: Annie Oliver.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Willie Erwin. ADDRESS: 1620 Delano Court

MEDICAL CERTIFICATION

18. 002 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Tuberculosis (Pulmonary)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH: ?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) m. INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/5 *19*50, *to* 3/31, *19*50, *that I last saw the deceased alive on* 3/31, *19*50, *and that death occurred at* 2:00 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Wm Carmen M. D.
23B. ADDRESS: 723 Cary St
23C. DATE SIGNED: 4/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-6-1950
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn Cem
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Christopher Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 322 N Schroeder St

VS 150

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50 3213

BIRTH NO. 50 3213

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print): Carolyn Randall

2. DATE OF DEATH: Apr 4, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland 11-24 Ped.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 25-32
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Cherry Hill
D. STREET ADDRESS (If rural, give location): 2432 Denham Circle

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: 4-5-'37
9. AGE (In years last birthday): 12 / 3 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Girl
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph Randall
14. MOTHER'S MAIDEN NAME: Sarah
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Rheumatic pancarditis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: x
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-31-, 1950 *to* 4-4-, 1950, *that I last saw the deceased alive on* 4-4-, 1950, *and that death occurred at* 9:45 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: William W. Waring M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4-4-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: ~~4-8-50~~
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem.
24D. LOCATION (City, town, or county) (State): A. A. County Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Mrs Robert A. Elliott's Daughters — ADDRESS: 1129 N. Carolina St

VS 150

581

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

K-620

3214

50 3214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JAMES W. KRAUSS

2. DATE OF DEATH: Apr. 5-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 12 N Pulaski St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: 36 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-02
D. STREET ADDRESS (If rural, give location): 12 N. Pulaski. St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mch. 29-1914
9. AGE (In years last birthday): 36 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Dealer
10B. KIND OF BUSINESS OR INDUSTRY: Prop. Automobile
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William P. Krauss
14. MOTHER'S MAIDEN NAME: Henrietta Pestner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Beulah Krauss | ADDRESS: 12 N Pulaski St.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: ? 3 to 4 day

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 April, 1950, *to* 5 April, 1950, *that I last saw the deceased alive on* 3 April, 1950, *and that death occurred at* 8 am., *from the causes and on the date stated above.*

23A. SIGNATURE: Emil H. Hennig Jr M. D.
23B. ADDRESS: 601 Winans Way
23C. DATE SIGNED: 6 April 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-7-50
24C. NAME OF CEMETERY OR CREMATORY: Balto. National
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Geo. L. Beyer Jr | ADDRESS: 1512 Hollins St Balto. Md.

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50 3215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3215

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elmer Batty

2. DATE OF DEATH: April 4, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-01
D. STREET ADDRESS (If rural, give location): 1507 N. Brevard St.

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 8-11-29
9. AGE (In years last birthday): 20
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: ODD JOBS
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. 410X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatic heart disease mitral + severe aortic disease — 8

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-21, 1950, *to* 4-4, 1950, *that I last saw the deceased alive on* 4-4, 1950, *and that death occurred at* 9:45 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: David E. Rogers M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-7-50
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn Cem
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Henry W. Bedler
ADDRESS: 57

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3216

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lummie Johnson

2. DATE OF DEATH: April 4, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: 15 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-04
D. STREET ADDRESS (If rural, give location): 1204 Madison Ave.

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 13, 1901 ~~1901~~
9. AGE (In years last birthday): 48 ~~41~~ | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wesley Mitchell
14. MOTHER'S MAIDEN NAME: Mydelia Drake

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records* B.C.H.--4940 Eastern Ave.
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio Vascular Disease

DUE TO

(C) Nephrosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

NOT A MEDICAL EXAMINER'S CASE
RBFuller
CHIEF OR ASS'T. MEDICAL EXAMINER

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-4, 1950, *to* 4-4, 1950, *that I last saw the deceased alive on* 4-4-50, 19, *and that death occurred at* 7:45 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: R. Rogers M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 4-5-50

24A. BURIAL, CREMATION, REMOVAL (Specify): B
24B. DATE: 4/7/50
24C. NAME OF CEMETERY OR CREMATORY: Western Star
24D. LOCATION (City, town, or county) (State): Catonsville Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Samuel W. Sullivan Jr
ADDRESS: 131a

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77087 1011 N. Arlington Ave

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Dr. Kammer

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BIRTH NO. 50 3217

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3217

1. NAME OF DECEASED (Type or Print): EDWARD BRANCH

2. DATE OF DEATH: 4/3/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 206 Myrtle Av.
c. Length of stay in Baltimore: 7yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 206 Myrtle Av 4-03

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 3/16/1878
9. AGE (In years last birthday): 72
If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Produce
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Thomas Branch
14. MOTHER'S MAIDEN NAME: Julia
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Ella Bolden(S) ADDRESS: 206 Myrtle Av.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/1/50, 19__, *to* 4/3/50, 19__, *that I last saw the deceased alive on* 4/2/50, 19__ *and that death occurred at* 2:00 *m., from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 233 Cregent
23C. DATE SIGNED: 4/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/9/50
24C. NAME OF CEMETERY OR CREMATORY: Lincoln Cemetery
24D. LOCATION (City, town, or county) (State): Portsmouth, Va.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Charles G. Cooper 512 Carrollton Av
ADDRESS: Charles G. Cooper-512 Carrollton

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3218

Registered No.

BIRTH NO. 49-18269

1. NAME OF DECEASED (Type or Print): CURTIS ROBINSON

2. DATE OF DEATH: April 4, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days): 7-MONTHS

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 19-02
D. STREET ADDRESS (If rural, give location): 1325 W. Saratoga Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: AUG. 18-1949
9. AGE (In years last birthday): 7-MONTHS; If Under 1 Year: Months 7, Days 17; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BABY
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: GEORGE ROBINSON
14. MOTHER'S MAIDEN NAME: NOVELLA SEWELL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: NOVELLA ROBINSON ADDRESS 1325 W. SARATOGA ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E921.0

(A) Asphyxia due to aspiration of vomitus

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1325 W. Saratoga Street 19/2
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 4/4/50 9:00 P. m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Regurgitation of food and aspiration of same while lying on back

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 4/4/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-8-50
24C. NAME OF CEMETERY OR CREMATORY: MT-CALVARY
24D. LOCATION (City, town, or county) (State): BALTO. MD

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Entry for Williams, M.D.
25. FUNERAL DIRECTOR: WM. A. JACKSON ADDRESS: 916 PENNA. AVE

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S-345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 50 3219 Registered No. 50 3219

1. NAME OF DECEASED (Type or Print): Anthony Stillings, Jr.

2. DATE OF DEATH: 4/4/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 19-04
D. STREET ADDRESS (If rural, give location): 1833 Wilhelm Street

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2/28/1915
9. AGE (In years last birthday): 35
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Produce Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Fruit & vegetable
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Anthony Stillings, Sr.
14. MOTHER'S MAIDEN NAME: Theresa Schalitzky
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Anthony Stillings, Sr. ADDRESS: Above

MEDICAL CERTIFICATION

18. 322.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral edema — INTERVAL BETWEEN ONSET AND DEATH: ? 7 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic alcoholism — 17 yrs.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pulmonary TB, bilateral, apical, moderately advanced

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/2, 1950, *to* 4/4, 1950, *that I last saw the deceased alive on* 4/4, 1950, *and that death occurred at* 4 30 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Herbert J. Kerickas M. D.
23B. ADDRESS: St. Agnes Hospital
23C. DATE SIGNED: 4/5/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-8-50
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: George A. Farley
ADDRESS: Fulton Ave & Fayette St.

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13B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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50 3220

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3220

Registered No.

1. NAME OF DECEASED (Type or Print): FLORENCE WATKINS GRIFFITH

2. DATE OF DEATH: 4/6/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland Funeral
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 11-03
D. STREET ADDRESS (If rural, give location): 868 Park Ave

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 1/12/89
9. AGE (In years last birthday): 61 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired): File Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Amer. Sugar Ref. Co.
11. BIRTHPLACE (State or foreign country): Peru
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Watkins Griffith
14. MOTHER'S MAIDEN NAME: Elizabeth Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 212-09-5784
17. INFORMANT: Donald Griffith (nephew) ADDRESS: Coaldale, Penna.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO

(B) Hypertensive Cardiovascular Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/6, 1950 *to* 4/6, 1950, *that I last saw the deceased alive on* 4/6, 1950, *and that death occurred at* 1:00 *Am., from the causes and on the date stated above.*

23A. SIGNATURE: Charles J. Blazek, M. D.
23B. ADDRESS: Maryland Funeral
23C. DATE SIGNED: 4/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr 8/50
24C. NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery
24D. LOCATION (City, town, or county) (State): Tamaqua, Penna.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Stewart & Mowen Company
ADDRESS: 108 W. North Ave

VS 150

266 X6 City #1. 937

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

235

50 3221
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3221
Registered No.

1. NAME OF DECEASED (Type or Print): Grace Easton (Grace Leah Easton)

2. DATE OF DEATH: 4-4-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland Green & Redwood Sts.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: 6 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Howard Co.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ellicott City
D. STREET ADDRESS (If rural, give location): College Avenue

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Aug-6-1877
9. AGE (In years last birthday): 72 years
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Waynesboro, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fred Ziegler
14. MOTHER'S MAIDEN NAME: Clara Hayes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Clinton Easton (son) ADDRESS: Ellicott City, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cirrhosis of the Liver — INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pneumonia & Bronchitis Lobular — 1 wk

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-29, 1950, *to* 4-4, 1950, *that I last saw the deceased alive on* 4-4, 1950, *and that death occurred at* 6:10 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: William J. Halloway M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 4-4-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 7 1950
24C. NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery
24D. LOCATION (City, town, or county) (State): Ellicott City, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Stewart & Mowen Co.
ADDRESS: 108 W. North Ave. Baltimore #1, Md.

VS 150

124B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

435

50 3222
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 50 3222

1. NAME OF DECEASED (Type or Print): VERNON E. TILTON, SR.

2. DATE OF DEATH: April 5, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hood Nursing Home, 5313 Edmondson Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore 5300
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Violetville
D. STREET ADDRESS (If rural, give location): 1105 Taylor Ave.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 28, 1886
9. AGE (In years last birthday): 63 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter
10B. KIND OF BUSINESS OR INDUSTRY: construction
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles Tilton
14. MOTHER'S MAIDEN NAME: Catherine Davis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-01-7848
17. INFORMANT: Mrs. Clara V. Tilton — ADDRESS: 1105 Taylor Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Generalized arteriosclerosis

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-20-49, 19__, *to* 4-5-50, 19__, *that I last saw the deceased alive on* 3-28-50, 19__, *and that death occurred at* 7:24 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Guy S. Fiske M. D.
23B. ADDRESS: 2203 Edmondson
23C. DATE SIGNED: 4-6-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/8/50
24C. NAME OF CEMETERY OR CREMATORY: Meadowridge Cem.
24D. LOCATION (City, town, or county) (State): Howard Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 1950
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto Md

308 V9

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653

50 3223
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 50 3223
Registered No.

1. NAME OF DECEASED (Type or Print): George Herbert Bryant

2. DATE OF DEATH: Apr. 5, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2319 Tucker Ave.,
C. Length of stay in Baltimore: 1-- Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Pa.
B. COUNTY: V-35
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Langhorne
D. STREET ADDRESS (If rural, give location):

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: May 5, 1884
9. AGE (In years last birthday): 65 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY: Woods School
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Ranson T. Bryant
14. MOTHER'S MAIDEN NAME: Martha J. Cole
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 169-12-0166
17. INFORMANT: Wm. R. Bryant — ADDRESS: 2319 Tucker Ave.,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Sigmoid Colon — INTERVAL BETWEEN ONSET AND DEATH
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15, 1949 *to* Apr 5, 1950 *that I last saw the deceased alive on* Apr 5, 1950 *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. E. Smith M. D.
23B. ADDRESS: 4209 Pulaski Hgwy
23C. DATE SIGNED: Apr 6

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-8-1950
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: G. Howard Strong — ADDRESS: 3207 W. North Ave.,

VS 150

34091 46E

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

20 Sunnuk 1949

M-266

McCREARY

50 3224

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3224

Registered No.

1. NAME OF DECEASED (Type or Print): ELMER E McCREARY

2. DATE OF DEATH: 4-4-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNION MEMORIAL HOSPITAL
C. Length of stay in Baltimore: LIFETIME (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALT.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 28-04
D. STREET ADDRESS (If rural, give location): 418 KENSINGTON Rd

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 8-13-1889
9. AGE (In years last birthday): 60 — If Under 1 Year: Months 9, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ASST. MGR MECH. SALES
10B. KIND OF BUSINESS OR INDUSTRY: U.S. RUBBER
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM J. McCREARY
14. MOTHER'S MAIDEN NAME: HENRIETTA MORE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): 0
(If yes, give war or dates of service): 0
16. SOCIAL SECURITY NO.: 0

17. INFORMANT: MR JAMES B. McCREARY — ADDRESS 818 Woodington Rd

MEDICAL CERTIFICATION

18. 416X, 331X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Sub. dural Hemorrhage

~~DUE TO~~

(B) Obliterative Pericarditis

~~DUE TO~~

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APRIL 4, 1950, *to* APRIL, 19 4, *that I last saw the deceased alive on* APRIL 4, 1950, *and that death occurred at* 6:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Richard R. Beach M. D.
23B. ADDRESS: Union Memorial Hosp.
23C. DATE SIGNED: 4-5-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-8-1950
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: G. Howard Strong
ADDRESS: 3207 W. North Ave.

VS 150

1562V

83a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-1614
50 3225
B-8

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3225

1. NAME OF DECEASED (Type or Print): HERMON AUGUSTA BARFIELD
HERMAN BURFIELD

2. DATE OF DEATH: April 4, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore: 10 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-02
D. STREET ADDRESS (If rural, give location): 1600 Eutaw Place

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug.5,1902
9. AGE (In years last birthday): 47
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Merchant Marine
11. BIRTHPLACE (State or foreign country): Redash, W.Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Franklin Barfield
14. MOTHER'S MAIDEN NAME: Ella Carter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes
(If yes, give war or dates of service): 9/23/20-2/19/21
16. SOCIAL SECURITY NO.: 578-20-7736
17. INFORMANT: 1600 N. Eutaw Street-17
Mrs. Geraldine Barfield

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Occlusion
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [✓], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Earl L. Bryce M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 4-4-50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 4/7/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Lutie Williams
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: BALTIMORE 13, MARYLAND

VS 151

46051 George F. Sander

Correct age is especially important. Physicians: please write the causes of death clearly and legibly supplied. The

K-620

50 3226

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

50 3226

Registered No.

1. NAME OF DECEASED (Type or Print): HENRIETTA BESSIE KRAUS

2. DATE OF DEATH: 4-5-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hospital for the Women of Maryland
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parkville (rural)
D. STREET ADDRESS (If rural, give location): 78-8 Daniel Ave.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1-8-'81
9. AGE (In years last birthday): 69
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Lancaster, Co., Pa.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Mahner
14. MOTHER'S MAIDEN NAME: Henrietta George

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.
17. INFORMANT: H. B. Kraus
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

201 X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hodgkins Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-7, 1950, *to* 4-5, 1950, *that I last saw the deceased alive on* 4-5, 1950, *and that death occurred at* 4:00 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wm. P. Benson, Jr. M. D.
23B. ADDRESS: Hosp. for the Women
23C. DATE SIGNED: 4-5-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/8/50
24C. NAME OF CEMETERY OR CREMATORY: Trinity Cemetery
24D. LOCATION (City, town, or county) (State): 5500 O'Donnell St. Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Mendelson Williams, M.D.
25. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 2601-3-5 E. Madison St.

VS 150

44B

correct age is especially important. Physicians: please write the causes of death clearly and legibly supplied. The

200

50 3227

BIRTH NO.

50 3227

Registered No.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print): Katherine Teenie Fuka

2. DATE OF DEATH: April 6, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location): St. Joseph's
C. Length of stay in Baltimore: 63 yr. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 7-03
D. STREET ADDRESS (If rural, give location): 925 N. Madeira

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 21, 1878
9. AGE (In years last birthday): 71 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oyster shucker
10B. KIND OF BUSINESS OR INDUSTRY: Neubert Bros.
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Thomas Petr
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Frank J. Fuka, son, 925 N. Madeira St. — ADDRESS

MEDICAL CERTIFICATION

18. 159X

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the Gallbladder and

DUE TO pancreas

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus; Hypertension
Hypertensive & Arteriosclerotic Cardiovascular disease

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: March 19, 1950
19B. MAJOR FINDINGS OF OPERATION: Carcinoma, gallbladder & pancreas
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 11, 1950 *to* Apr. 5, 1950, *that I last saw the deceased alive on* April 4, 1950, *and that death occurred at* 4:00a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: W. A. Rodgers / Bivens M. D.
23B. ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: April 5, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 10, 1950
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): 4430 Belair Rd. Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. — ADDRESS: 2601-3-5 E. Madison St.

VS 150

496X1

469

correct age is especially important. Physicians: please write the causes of death clearly and legibly supplied. The

B-655

50 3228

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 50 3228

Registered No.

1. NAME OF DECEASED (Type or Print): ANNE CATHERINE BRENNAN

2. DATE OF DEATH: April 5, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 303 Wingate Rd.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: N. J.
B. COUNTY: V-27
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jersey City
D. STREET ADDRESS (If rural, give location): 7 East St.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 18, 1900
9. AGE (In years last birthday): 49
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Flynn
14. MOTHER'S MAIDEN NAME: Winifred Milton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mr. Edward F. Brennan
ADDRESS: 7 East St., Jersey City, N.J

MEDICAL CERTIFICATION

18. 421.4

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Endocarditis

DUE TO

(B) Fibrillation

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 5 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 1, 1950 *to* Apr. 5, 1950, *that I last saw the deceased alive on* _____, 19__ *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: A. L. Ewald Jr. M. D.
23B. ADDRESS: 56 York Ct.
23C. DATE SIGNED: 4/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 4/7/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Name Cem.
24D. LOCATION (City, town, or county) (State): Jersey City, N. J.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 1950
REGISTRAR'S SIGNATURE: Mrs. Williams M.D.
25. FUNERAL DIRECTOR: Wm. J. Lichner & Sons
ADDRESS: Balto Md.

VS 150

92 E

correct age is especia... important. Physicians: please write the causes of death clearly and leg... ...ily supplied. The

S-536
50 3229

Bessie M Snyder

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3229
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mrs Bessie M Snyder

2. DATE OF DEATH: April 6, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3520 Hilton
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashburton House
C. Length of stay in Baltimore: 11 Mos.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-11
D. STREET ADDRESS (If rural, give location): 3520 N. Hilton Rd.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 10,
9. AGE (In years last birthday): 69
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Railway -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Hunter Snyder
14. MOTHER'S MAIDEN NAME: Margaret Mendenhall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 167-09-7439
17. INFORMANT: Helen Trumpower ADDRESS: Owings Mills Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of uterus — INTERVAL BETWEEN ONSET AND DEATH: 2 yr
DUE TO
(B) Ill defined bowel
DUE TO
(C) Intestinal obstruction about

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): ✓
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): ✓
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): ✓
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 4/ , 1950 to 4/6 , 1950, that I last saw the deceased alive on 4/ 2, 1950 and that death occurred at 1:55 P m., from the causes and on the date stated above.

23A. SIGNATURE: Dr A C Cleaver M.D.
23B. ADDRESS: 3900 Garrison Blvd
23C. DATE SIGNED: 4/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 9, 1950
24C. NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery
24D. LOCATION (City, town, or county) (State): Clear Spring, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Fred W. Kruse
ADDRESS: Hagerstown, Md.

VS 150

26647

48B

B-200
50 3230

50 3230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY E. BUCKEY

2. DATE OF DEATH: apr. 6-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1303 Cliftview Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1303 Cliftview Ave
C. Length of stay in Baltimore: 6 mos (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Frederick
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Frederick 6011
D. STREET ADDRESS (If rural, give location): 60-S. market St.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3-10-1885
9. AGE (In years last birthday): 65 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Charles E. Federline
14. MOTHER'S MAIDEN NAME: Mary E. Bryant
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT: E. Federline — ADDRESS: 1303 Cliftview ave. - Balto. Md.

MEDICAL CERTIFICATION

18. 4200

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart failure
DUE TO Arteriosclerotic Heart Disease

ANTECEDENT CAUSES

(B) Marked Pulmonary Emphysema
DUE TO Fibrosis - severe Asthma Of Long
(C) Infarction / myocardial old

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1949, to April 6, 1950, that I last saw the deceased alive on April 6, 1950, and that death occurred at 10:45 P m., from the causes and on the date stated above.

23A. SIGNATURE: Donald W. Mentzer M. D.
23B. ADDRESS: 3009 Evergreen
23C. DATE SIGNED: April 7/1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-10-50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24D. LOCATION (City, town, or county) (State): Frederick - Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams
25. FUNERAL DIRECTOR: C. E. Cline & Son - ADDRESS: Frederick - Md.

VS 150

93D

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-462
50 3231

50 3231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary E. Clarke

2. DATE OF DEATH: 4/4/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland 206 Warren Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore 75 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Baltimore
B. COUNTY Md
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md
D. STREET ADDRESS (If rural, give location) 206 Warren Ave. 22-01

5. SEX: F
6. COLOR OR RACE: N.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W.
8. DATE OF BIRTH: 2/8/1872
9. AGE (In years last birthday): 78 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Louisiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John
14. MOTHER'S MAIDEN NAME: Wiggins Ellen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Lewis ADDRESS: 206 Warren

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral vascular
DUE TO
(B) Accident
DUE TO
(C) Hypertensive Cardio-vascular disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

443 X

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 194_ *to* 4-4, 1950, *that I last saw the deceased alive on* 4-4 1950, *and that death occurred at* 11 50 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Wm B Camp M. D.
23B. ADDRESS: 107 E West St
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/7/50
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Old Frederick Rd

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1950
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: J J Foley & Son
ADDRESS: 318 Light

APR 7 - 1950

93D

W-460 50 3232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3232

Registered No.

BIRTH NO. 49-25943

1. NAME OF DECEASED (Type or Print): Margaret E. Weller

2. DATE OF DEATH: 4/5/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore Md
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1728 Light St.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 1728 Light St
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto Md 23-03
D. STREET ADDRESS (If rural, give location): 1728 Light St

5. SEX: Female
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S.
8. DATE OF BIRTH: 11/27/49
9. AGE (In years last birthday): If Under 1 Year Months: 4 Days: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ellwood Weller
14. MOTHER'S MAIDEN NAME: May Kleinsmith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. E. Weller — ADDRESS: 1728 Light St

MEDICAL CERTIFICATION

18. 751 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hydrocephalus — 2 mos

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Meningocele congenital anomaly — 4½ mos

DUE TO

(C) Inanition

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 5, 1950 *to* April 5, 1950 *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1:45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: K. Krulewitz M. D.
23B. ADDRESS: 244 N. Milton
23C. DATE SIGNED: 4/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: 4/8/50
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill
24D. LOCATION (City, town or county) (State): Ritchie Highway

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: J. J. Fahey & Sons
ADDRESS: 1318 Light

VS 150

157a

L-520
50 3233

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3233
Registered No.

1. NAME OF DECEASED (Type or Print): THOMAS LONG

2. DATE OF DEATH: April 5, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-04
D. STREET ADDRESS (If rural, give location): 2400 Frederick Avenue

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH:
9. AGE (In years last birthday): 47 (djm) — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman
10B. KIND OF BUSINESS OR INDUSTRY: Furniture Factory
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: (Unknown) Long
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records Police Headquarters — ADDRESS:

MEDICAL CERTIFICATION

18. 322.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute alcoholism

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Earl L Boyer M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: April 6, 1950

24A. ~~BURIAL, CREMATION~~, REMOVAL (Specify): Burial
24B. DATE: 4/7/50
24C. NAME OF CEMETERY OR ~~CREMATORY~~: Winchester
24D. LOCATION (City, town, or county) (State): Va

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Wm Cook Inc — ADDRESS: 1217 St. Paul St.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN T. HASSETT

2. DATE OF DEATH: April 5, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 853 McKim St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 853 McKim St.

10-02

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 30, 1879
9. AGE (In years last birthday): 70 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Worker, retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carroll Co., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Anthony Hassett
14. MOTHER'S MAIDEN NAME: Angeline Britton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-22-1829
17. INFORMANT: Mrs Margaret Wilson, ADDRESS: 108 West 26th St.

MEDICAL CERTIFICATION

18. 4200

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — 4 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive arteriosclerotic heart disease — 1, 10 yrs

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 April, 1950, to 4 Apr, 1950, that I last saw the deceased alive on 4 Apr, 1950, and that death occurred at 4 05 A m., from the causes and on the date stated above.

23A. SIGNATURE: Jack B Cleve M. D.
23B. ADDRESS: 2843 St Paul
23C. DATE SIGNED: 6 Apr 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/8/50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: William Cook, ADDRESS: William Cook, Inc., 1217 St. Paul St.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William Wilson

2. DATE OF DEATH: April 5, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-05
D. STREET ADDRESS (If rural, give location): 1811 N. Caroline St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 4-2-68
9. AGE (In years last birthday): 82
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Iron Molder
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Wilson
14. MOTHER'S MAIDEN NAME: Martha (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Raymond Wilson
ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral anoxia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSES

(B) Bronchopneumonia (? aspiration) — 6 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Carcinoma of mouth — 2½ years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 3/15/50
19B. MAJOR FINDINGS OF OPERATION: Squamous carcinoma of mouth
20. AUTOPSY? YES [✓] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-14, 1950 *to* 4-5, 1950 *that I last saw the deceased alive on* 4-5, 1950 *and that death occurred at* 8:15 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Arthur K. Nelson M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4/5/50

24A. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial
24B. DATE: 4/8/50
24C. NAME OF CEMETERY OR ~~CREMATORY~~: Mt. Carmel
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 7-1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 1217 St. Paul St.

APR 7-1950
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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MS-F 1320 5 2.0 B.C. 50-06775

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 50 3236

Registered No. 50 3236

1. NAME OF DECEASED (Type or Print): Larry Clarence Tynes

2. DATE OF DEATH: Apr. 4, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-02
D. STREET ADDRESS (If rural, give location): 1618 Madison Ave. Zone 17

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Mar. 31, 1950
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 4; If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Clarence Brown
14. MOTHER'S MAIDEN NAME: Odell Tynes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records*B.C.H.--4940 Eastern Ave.
ADDRESS:

MEDICAL CERTIFICATION

18. 768.0

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Probable Septicemia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

CERTIFICATION APPROVED BY Dr. Kammer per R.S. Fisher M. D. CHIEF OR ASST. MEDICAL EXAMINER.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pneumonia

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-4-, 1950, *to* 4-4-, 1950, *that I last saw the deceased alive on* 4-4-, 1950, *and that death occurred at* 5:30 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: R. S. Rozen M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 4-6-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-7-50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Bernstrauch & Hensley W. Biddle
ADDRESS: 578

VS 150

TO BE APPROVED BY CHIEF MEDICAL EXAMINER

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50 3237

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3237
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John F. Lang

2. DATE OF DEATH: April 4 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: 54 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-04
D. STREET ADDRESS (If rural, give location): 140 Willard St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct. 1895
9. AGE (In years last birthday): 54
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10B. KIND OF BUSINESS OR INDUSTRY: Brush Company
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Lang
14. MOTHER'S MAIDEN NAME: Mary Mazurek

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Deceased
ADDRESS

MEDICAL CERTIFICATION

18. 431.0 I 002X CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs.

DUE TO

ANTECEDENT CAUSES

(B) Bronchopneumonia — 2 days

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Dextrocardia — over

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 2, 1950, *to* April 4, 1950, *that I last saw the deceased alive on* April 4, 1950, *and that death occurred at* 11:30 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: 4/5/50

24A. BURIAL, CREMATION, REMOVAL (Specify): B.
24B. DATE: 4-8-50
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1950
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: James L. McCleary
ADDRESS: 130 E. Fort Ave.

VS 150

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APR 7 - 1950

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contributory pulmonary tuberculosis. Letter in document file
50-3237 - 7/27/50.

K-610

50 3238

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3238

Registered No.

1. NAME OF DECEASED (Type or Print): LEO M. KIRBY

2. DATE OF DEATH: 4/4/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
c. Length of stay in Baltimore: 3/23/50 Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-04
D. STREET ADDRESS (If rural, give location): 614 Annabella Ave.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 6, 1883
9. AGE (In years last birthday): 66 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10B. KIND OF BUSINESS OR INDUSTRY: Packing Corset Co. (Ret)
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Kirby
14. MOTHER'S MAIDEN NAME: Anna Lee Shields
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma - ampulla of Vater

DUE TO

(B) Surgical shock

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 4/3/50
19B. MAJOR FINDINGS OF OPERATION: Carcinoma - ampulla of Vater
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/23/50, 19__, *to* 4/4, 1950, *that I last saw the deceased alive on* 4/4, 1950, *and that death occurred at* 8.05 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: August Kiel Jr. M. D.
23B. ADDRESS: Mercy Hosp.
23C. DATE SIGNED: 4/4/50

24A. BURIAL, CREMATION, REMOVAL (Specify): B.
24B. DATE: 4-7-50
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE: Mrs. Jos. Williams, Mgr.
25. FUNERAL DIRECTOR: James L. McCauley
ADDRESS: 30 E. Fort Ave.

APR 7 1950

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50 3239

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3239

Registered No.

1. NAME OF DECEASED (Type or Print): MARY C. BROWN

2. DATE OF DEATH: 4-6-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3327 GWYNNS FALL PKWY.
C. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO 14-01
D. STREET ADDRESS (If rural, give location): 1526 BOLTON ST.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: MAY 31, 1852
9. AGE (In years last birthday): 97
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WILLIAM BROWN
14. MOTHER'S MAIDEN NAME: MARY CAUGHY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: SUSAN P. BURNS
ADDRESS: 1419 PARK AVE

MEDICAL CERTIFICATION

18. 4/22/

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis — Gradual onset

DUE TO Arteria. sclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1940, *to* April 6, 1950 *that I last saw the deceased alive on* 4-5, 1950, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: M. H. Moody, M. D.
23B. ADDRESS: 140 W Park Ave
23C. DATE SIGNED: 4-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4-8-1950
24C. NAME OF CEMETERY OR CREMATORY: GREENMOUNT
24D. LOCATION (City, town, or county) (State): BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: H. W. JENKINS & SONS CO.
ADDRESS: 4905 YORK RD

VS 150

1403 PARK AVE

C-500
50 3240

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3240
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROSE COHEN
2. DATE OF DEATH: 4-6-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai
C. Length of stay in Baltimore: 46 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15211
D. STREET ADDRESS (If rural, give location): 3701 Dennlyn Road

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH
9. AGE (In years last birthday): 85
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob
14. MOTHER'S MAIDEN NAME: Toba

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: John H Cain ADDRESS: 3818 Clarinth Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebro vascular Accident
DUE TO
(B) Hypertensive Cerebro vascular disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

443X

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 6 *19*50*, to* _____, 19__, *that I last saw the deceased alive on* Apr 6, 19 50 *and that death occurred at* 9-7 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Sidney R Govons M. D.
23B. ADDRESS: 803 Cathedral St
23C. DATE SIGNED: 4-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-7-50
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1950
REGISTRAR'S SIGNATURE: Huntington Hollins
25. FUNERAL DIRECTOR: Jack Levy Inc ADDRESS: 2100 Eutaw Pl

VS 150

Sidney R. Govons

937

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-525
50 3241

50 3241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Eliza E. Jenkins

2. DATE OF DEATH: 4/5/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1614 Harlem Ave
C. Length of stay in Baltimore: 20 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 16-03
D. STREET ADDRESS (If rural, give location): 1614 Harlem AVE

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 28. 1862
9. AGE (In years last birthday): 87
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Robinson
14. MOTHER'S MAIDEN NAME: Annie Dando

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Priscillian Darage ADDRESS: 1614 Harlem Ave

MEDICAL CERTIFICATION

18. 410 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myo Condition & Mental Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 1948

DUE TO

ANTECEDENT CAUSES

(B) — — —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Generalized Arteriosclerosis, Hypertension, Hemiplegia — 1948

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Sept, 1948, *to* 4/5, 1950, *that I last saw the deceased alive on* 4/4, 1950. *and that death occurred at* 24 m., *from the causes and on the date stated above.*

23A. SIGNATURE: Ralph J. Young M. D.
23B. ADDRESS: 1429 E. Monument St
23C. DATE SIGNED: 4/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/8/50
24C. NAME OF CEMETERY OR CREMATORY: Pretty Hill
24D. LOCATION (City, town, or county) (State): Fullerton, Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: William O. Chatman Jr
ADDRESS: 1701 McCulloh St. Balto. Md.

VS 150

92B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

150 3242 3242

S-340

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): James Steele

2. DATE OF DEATH: April 6 - 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland 1400 N. Lexington St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Aged Women's and Aged Mens Homes

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 19-02

D. STREET ADDRESS (If rural, give location): 1400 N. Lexington Street

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 16, 1862

9. AGE (In years last birthday): 87 — If Under 1 Year: Months 8, Days 21; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John N. Steele

14. MOTHER'S MAIDEN NAME: Anne O. B. Henry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: E. H. Read ADDRESS: 1400 N. Lexington St.

MEDICAL CERTIFICATION

18. 260 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

(B) Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) m. INJURY

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN 10 *, 19*48*, to* APRIL 6 *, 19*50*, that I last saw the deceased alive on* APR. 15 *, 19*50*, and that death occurred at* 2 00 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Newland Edwards Day M. D.

23B. ADDRESS: 4 E 33rd St -18

23C. DATE SIGNED: April 7, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24B. DATE: 4/7/50

24C. NAME OF CEMETERY OR CREMATORY: Christ Church

24D. LOCATION (City, town, or county) (State): Cambridge Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1950

REGISTRAR'S SIGNATURE: Lexington Miller M.D.

25. FUNERAL DIRECTOR: William Cole Inc

ADDRESS: 1314 S. Paul St

VS 150

61

T-260
50 3243

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 50 3243
Registered No.

1. NAME OF DECEASED (Type or Print): Hazel Gertrude Tucker

2. DATE OF DEATH: 4-7-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hospital for Women of Maryland
C. Length of stay in Baltimore: ~~Yrs.~~ ~~Mos.~~ Days 1

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Calvert 5400
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Friendship
D. STREET ADDRESS (If rural, give location):

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 15, 1913
9. AGE (In years last birthday): 37
If Under 1 Year: Months: Days: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Calvert Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Benjamin Ward
14. MOTHER'S MAIDEN NAME: Mamie Hardesty
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ✓ ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(3) (A) Rheumatic Heart Disease	
DUE TO	(1) (B) Aur. Fibrillation	1 yr +
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (2) (C) Cong. Heart Failure	11 weeks
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Dehydration	1 week

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-6, 1950, *to* 4-7, 1950, *that I last saw the deceased alive on* 4-7, 1950, *and that death occurred at* 12:20 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: John R. Smith, Jr. M. D.
23B. ADDRESS: Hosp. for Women of Md. Balto., Md.
23C. DATE SIGNED: 4-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4/9/50
24C. NAME OF CEMETERY OR CREMATORY: FRIENDSHIP
24D. LOCATION (City, town, or county) (State): ANNE ARUNDAL CO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: HUTCHINS & SON
ADDRESS: OWINGS, MD.

VS 150

95B

C-420

BIRTH NO. 50 3244

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3244

1. NAME OF DECEASED (Type or Print): DUAN CLOSE

2. DATE OF DEATH: April 6, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-01
D. STREET ADDRESS (If rural, give location): 1829 Linden Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH:
9. AGE (In years last birthday): 29 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carbon monoxide poisoning — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO illuminating gas

ANTECEDENT CAUSES

(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1519 Park Avenue 14/1
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 6, 1950 Found 2:45PM
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Found in room with door chinked and four burners of stove on but unlit

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [ ], *suicide* [X], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: RS Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 4-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Abbington. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Howard K. McComas
ADDRESS: Harford Co.

VS 151

N-968 Taken By United States Government 163H

N-140

BIRTH NO. 50 3245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3245

1. NAME OF DECEASED (Type or Print): Mabel Elizabeth Neville

2. DATE OF DEATH: 4-5-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Southern Nursing Home 2520 Greenmount Ave
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-07
D. STREET ADDRESS (If rural, give location): 78 South Kossuth St

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Nov. 4, 1892
9. AGE (In years last birthday): 57
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): accountant
10B. KIND OF BUSINESS OR INDUSTRY: mayonnaise & mfg
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Samuel Fountain
14. MOTHER'S MAIDEN NAME: Mary E. Robertson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. S. Howard Lawson
ADDRESS: 114 S. Kossuth St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

(B) Hypertensive Cardio-Vascular Unknown

DUE TO Disease

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Robert B. McFadden M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: 4-6-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/8/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: 1950
REGISTRAR'S SIGNATURE: Huntington Williams
25. FUNERAL DIRECTOR: Wm. J. Pickner Sons
ADDRESS: Balto. Md.

VS 151

210 X1 93 D

K-323
50 3246

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3246

1. NAME OF DECEASED (Type or Print): Anastasios Katsetos

2. DATE OF DEATH: April 5, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1602 W. Baltimore St.

C. Length of stay in Baltimore: 10 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 19-02
D. STREET ADDRESS (If rural, give location): 1602 W. Baltimore St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 6 1889
9. AGE (In years last birthday): 60 | If Under 1 Year: Months | Days | If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender
10B. KIND OF BUSINESS OR INDUSTRY: Saloon
11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George katsetos
14. MOTHER'S MAIDEN NAME: ~~XXXXXXX~~ Georgia Katsetos

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 282-10-3403
17. INFORMANT: Mary Katsetos ADDRESS: 1602 W. Balto. St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 4 20 1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William G. Helfrich M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 4/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/8/50
24C. NAME OF CEMETERY OR CREMATORY: Greek Orthodox
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Geo. S. Agnew Funeral Home Inc.
ADDRESS: 940-918 N. Mt. Royal Ave

VS 151

71071

H-630

50 3247

50 43247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Annie L. Howard

2. DATE OF DEATH: Apr 4-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland: Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 326 E. 23rd St
C. Length of stay in Baltimore: 50 yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-04
D. STREET ADDRESS (If rural, give location): 326 E 23rd St

5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 2-2-1876
9. AGE (In years last birthday): 74
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Stafford Gray
14. MOTHER'S MAIDEN NAME: Ellen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Beatrice Howard ADDRESS: 326 E 23rd St

MEDICAL CERTIFICATION

18. 44 2 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio. Renal disease

DUE TO

(B) Arteriosclerosis — 4 mo.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 23, 1950, to Apr 4, 1950, that I last saw the deceased alive on Apr 7, 1950, and that death occurred at 4 P m., from the causes and on the date stated above.

23A. SIGNATURE: Louis A. Johnson M. D.
23B. ADDRESS: 2829 Greenmount Ave
23C. DATE SIGNED: Apr 6-1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-7-1950
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn Cem
24D. LOCATION (City, town, or county): Balto (State): Md

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Rayner-Sanders
ADDRESS: 1412 E. Preston St

VS 150

131a

H-543

BIRTH NO. 50 3248

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 50 3248

1. NAME OF DECEASED (Type or Print): HARVEY E. HAMILTON, JR.

2. DATE OF DEATH: April 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hosp.
Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Virginia
B. COUNTY: V-43
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arlington
D. STREET ADDRESS (If rural, give location): 843 S. Glebe Road

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH
9. AGE (In years last birthday): 34 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumbing Inspector
10B. KIND OF BUSINESS OR INDUSTRY: Arlington Co., Va.
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Harvey E. Hamilton
14. MOTHER'S MAIDEN NAME: Carrie Bookshire
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Dorothy B. Hamilton — ADDRESS: 843 S.Glebe Rd

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. E 819.4

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of neck and facial bones

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Foot of Sharp Street 22/1
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 7, 1950 1 A. m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Auto into wooden bulkhead (driver)

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 4-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 4-7-50
24C. NAME OF CEMETERY OR CREMATORY: Arlington National Cem.
24D. LOCATION (City, town, or county) (State): Arlington, Virginia

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1950
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: WILLIAM J. TICKNER & SONS — ADDRESS: North & Pa. Aves. 1700

VS 151

N-804.2 10898 Wm. J. Tickner & Sons

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-520

BIRTH NO. 50 3249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 43249

1. NAME OF DECEASED (Type or Print): Herman T. Jones

2. DATE OF DEATH: April 5, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1802 N. Carey st

C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 15-01

D. STREET ADDRESS (If rural, give location): 1802 N. Carey st

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M

8. DATE OF BIRTH: May 23, 1885

9. AGE (In years last birthday): 64

If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur Retired

10B. KIND OF BUSINESS OR INDUSTRY: Post Offic Dept

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Jones

14. MOTHER'S MAIDEN NAME: Mary L. ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.:

17. INFORMANT: Lauretta Jones ADDRESS: 1802 N. Carey st

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) hypertensive cardio-vascular disease — 18 mos.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19~~49~~, to April 5, 1950, that I last saw the deceased alive on April 5, 1950, and that death occurred at 4 50 a. m., from the causes and on the date stated above.

23A. SIGNATURE: James D. Carr M. D.

23B. ADDRESS: 1427 Madison Ave

23C. DATE SIGNED: 4.6.50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4-8-50

24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn

24D. LOCATION (City, town, or county) (State): Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1950

REGISTRAR'S SIGNATURE: Washington Williams, M.D.

25. FUNERAL DIRECTOR: George G. Elbert ADDRESS: 1303 Freetman st.

VS 150

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Physicians: please write the causes of death in ... correct age is especially important.

50 50 3250

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3250

Registered No.

1. NAME OF DECEASED (Type or Print): JAMES F. HERNE, Jr.

2. DATE OF DEATH: April 5, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. 21 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore (Round Bay, Md.) 4-01
D. STREET ADDRESS (If rural, give location): Hotel Fayette 414 W. Fayette St.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: 9 - 1 - 03
9. AGE (In years last birthday): 46
If Under 1 Year: Months / Days / Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): merchant seaman
10B. KIND OF BUSINESS OR INDUSTRY: Fireman & water tender
11. BIRTHPLACE (State or foreign country): Dorchester County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: James Frank Herne
14. MOTHER'S MAIDEN NAME: Henrietta Pritchett
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Omro Herne
ADDRESS: Cambridge, Maryland

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 3220

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute alcoholism

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Earl L. Boyd M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: April 6, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 4 - 8 - 50
24C. NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Park
24D. LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Granville LeCompte
ADDRESS: Cambridge, Maryland

VS 151

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50 3251

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3251

Registered No.

1. NAME OF DECEASED (Type or Print): Thomas Burch Athey

2. DATE OF DEATH: 4/7/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore, Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: 8 ~~Yrs.~~ ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Maryland
B. COUNTY: A.A.
C. CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give township): Severna Park
D. STREET ADDRESS (If rural, give location): Round Bay

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 13 1877
9. AGE (In years last birthday): 72 yrs.
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Purchasing Agent
10B. KIND OF BUSINESS OR INDUSTRY: Machine Shop Products
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas B. Athey
14. MOTHER'S MAIDEN NAME: Sarah Ella Price

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Avarilla Athey
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial infarction.
DUE TO
(B) Coronary thrombosis
DUE TO
(C) arteriosclerotic heart disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Polycystic kidney, left

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 25, 1950, to April 7, 1950, that I last saw the deceased alive on April 7, 1950, and that death occurred at 12 ~~P.M.~~ A.M., from the causes and on the date stated above.

23A. SIGNATURE: M. F. Cox M.D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: 4/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-10-50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Frd. Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE: Registrar for Baltimore, Md.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons
ADDRESS: 1900 Eutaw Place

APR 7 1950

VS 150

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

Registered No. 50 3252

BIRTH NO. 50 3252

1. NAME OF DECEASED (Type or Print): GORDON LARUE SANDERS

2. DATE OF DEATH: April 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Marine Hospital
man Pk. Drive & 31st Street
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Kentucky
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): S. Portsmouth V-15
D. STREET ADDRESS (If rural, give location):

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10/20/10
9. AGE (In years last birthday): 39
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10B. KIND OF BUSINESS OR INDUSTRY: School Teacher
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Aris Sanders
14. MOTHER'S MAIDEN NAME: Blanche Hitch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW 2
16. SOCIAL SECURITY NO.: 278-18-7094
17. INFORMANT: Records- US Marine Hospital, Balto, Md.
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

201 X

(A) Hodgkin's disease — INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 12, 1949, *to* Apr. 7, 1950, *that I last saw the deceased alive on* Apr. 7, 1950, *and that death occurred at* 3:05 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: D.W. Patrick, Medical Officer in Charge
23B. ADDRESS: US Marine Hospital, Balto, Md.
23C. DATE SIGNED: 4/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/9/50
24C. NAME OF CEMETERY OR CREMATORY: Mt Zion
24D. LOCATION (City, town, or county) (State): South Shore, Ky

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Lillington Williams M.D.
25. FUNERAL DIRECTOR: W. R. Cox Jr.
ADDRESS: 1217 S. 4th St.

VS 150

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50 3253

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3253

1. NAME OF DECEASED (Type or Print): Harry E. McElroy

2. DATE OF DEATH: 4/7/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore General Hosp.
C. Length of stay in Baltimore: 2 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-07
D. STREET ADDRESS (If rural, give location): 149 Palermo Ave #29

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: March 27, 1903
9. AGE (In years last birthday): 47
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter McElroy
14. MOTHER'S MAIDEN NAME: Mary Aber

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mary McElroy — ADDRESS: 4010 Bateman Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 162X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchogenic Carcinoma

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/25, 1950, *to* 4/7, 1950, *that I last saw the deceased alive on* 4/7, 1950, *and that death occurred at* 7 30 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Alyn N. Wood M. D.
23B. ADDRESS: West Baltimore General Hosp.
23C. DATE SIGNED: 4/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-10-50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24D. LOCATION (City, town, or county) (State): Frederick, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Lurlington Williams, M.D.
25. FUNERAL DIRECTOR: M.R. Etchison & Son — ADDRESS: Frederick, Md.

VS 150

3 of V9

47c

Mrs Mc Knight
4010 Bolerian

324

CERTIFICATE CORRECTED 4-14-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 50 3254

Registered No. 50 3254

1. NAME OF DECEASED (Type or Print): Martha E. Mitchell

2. DATE OF DEATH: April 5/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1930 Wilhelm St.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-03
D. STREET ADDRESS (If rural, give location): 1930 Wilhelm St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 6, 1882 ~~April 7, 1883~~
9. AGE (In years last birthday): 67 66 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel B. Whiteford
14. MOTHER'S MAIDEN NAME: Mary B. Carnes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Charles W. Mitchell, ADDRESS: 1930 Wilhelm St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — 1 hr.

DUE TO

(B) Chr. Coronary Artery Disease — 1-2 yr.

DUE TO

(C) Hypertension — 10 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 3, 1950, *to* Apr. 5, 1950, *that I last saw the deceased alive on* Apr. 4, 1950, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Chas. Mitchell Jr. M. D.
23B. ADDRESS: 1933 W. Balto. St.
23C. DATE SIGNED: 4/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 8/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park,
24D. LOCATION (City, town, or county) (State): 3801 Frederick Rd. Balto. 29, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Harry H. Kurtz
ADDRESS: 4101 Edmondson Ave.

VS 150

94a

421

50 3255
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3255

1. NAME OF DECEASED (Type or Print): Frances E. Blackburne

2. DATE OF DEATH: April 5/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 511 Edgewood St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-07
D. STREET ADDRESS (If rural, give location): 511 Edgewood St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: May 26, 1871
9. AGE (In years last birthday): 78
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard Davis
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Miss Lena Blackburne, ADDRESS: 511 Edgewood St.

MEDICAL CERTIFICATION

18. 443 X

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiac insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.
DUE TO
(B) Hypertensive arteriosclerotic
DUE TO
cardio vascular disease
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/15, 1944, *to* 4/5/, 1950 *that I last saw the deceased alive on* 4/5/, 1950, *and that death occurred at* 11.55P.M. *from the causes and on the date stated above.*

23A. SIGNATURE: Geo. A. Kupp M. D.
23B. ADDRESS: 3030 Edmondson Ave.
23C. DATE SIGNED: 4/7/1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 8/50
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Emrington Williams, M.D.
25. FUNERAL DIRECTOR: Harry A. Kuhn
ADDRESS: 4101 Edmondson Ave.

VS 150

93D

B-260

Becker

50 3256

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

50 3256

Registered No.

1. NAME OF DECEASED (Type or Print): Geo Carl Becker

2. DATE OF DEATH: Apr 4, 50

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinecrest Sanatorium

C. Length of stay in Baltimore: 9 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY V-29
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Yonkers N.Y.
D. STREET ADDRESS (If rural, give location): 97 Glover Ave

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Nov 22, 74
9. AGE (In years last birthday): 75
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Vienna Austria
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Geo Carl Becker
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Wm Geo Becker ADDRESS: 5804 Capital Ra

MEDICAL CERTIFICATION

18. 450.0

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar pneumonia, left base — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

DUE TO

ANTECEDENT CAUSES

(B) Generalized arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN. 5, 1950, *to* APRIL 4, 1950, *that I last saw the deceased alive on* APRIL 3, 1950, *and that death occurred at* 9 20 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: C. Arthur Rossberg M.D. M. D.
23B. ADDRESS: 2411 WASHINGTON BLVD. -30
23C. DATE SIGNED: 4/5/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr 8 50
24C. NAME OF CEMETERY OR CREMATORY: Immanuel
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Christian Williams, M.D.
25. FUNERAL DIRECTOR: L. Heckmann & Son
ADDRESS: 6067 Harford Ra

VS 150

108

623
50 3257

50 3257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): CAROLINE WRIGHT

2. DATE OF DEATH: 4-5-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland Caroline
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST PAUL CONVALESCENT HOME 2305 ST PAUL ST
C. Length of stay in Baltimore: 70 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO. 26-11
D. STREET ADDRESS (If rural, give location): 1003 S. EAST AVE

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: ?
9. AGE (In years last birthday): 84
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ASWF.
10B. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: HERMAN AUL
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. ELIZABETH GOLDBACH ADDRESS 420 S. EAST AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 24hr

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Disease — ?

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 10, 1950, *to* April 5, 1950, *that I last saw the deceased alive on* April 5, 1950, *and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Robert B. Turner, M. D.
23B. ADDRESS: 920 St Paul St
23C. DATE SIGNED: 4-5-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-6-50
24C. NAME OF CEMETERY OR CREMATORY: Trinity
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Christopher Williams, M.D.
25. FUNERAL DIRECTOR: Lilly & Zeiler
ADDRESS: 403 S Wolfe St

VS 150

937

120

50 3258

BIRTH NO. 50 3258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. X

1. NAME OF DECEASED (Type or Print): JOHN W. DAVIS

2. DATE OF DEATH: 4/7/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore Gen Hosp
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: West Virginia
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Morgantown
D. STREET ADDRESS (If rural, give location): 500 Elmina St

V-45

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 18 1884
9. AGE (In years last birthday): 66
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown Retired
10B. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Romney W Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Davis
14. MOTHER'S MAIDEN NAME: Emma Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-10-3755
17. INFORMANT: Mrs Hoffmeyer, ADDRESS: Glen Burnie Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary thrombosis

DUE TO

(C) Coronary sclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

420.1

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/7/50 *to* 4/7/50, *that I last saw the deceased alive on* 4/7/50, *and that death occurred at* 11:50 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Harry D. Gregerian M. D.
23B. ADDRESS: 1212 Light St.
23C. DATE SIGNED: 4/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/8/50
24C. NAME OF CEMETERY OR CREMATORY: Fort Grove
24D. LOCATION (City, town, or county) (State): Morgantown W Va

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: William Cook and
ADDRESS: 1217 St Paul St

VS 150

90249

94a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

220
50 3259
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3259
Registered No.

1. NAME OF DECEASED (Type or Print): Harold H. Hughes
2. DATE OF DEATH: April 7, 1950
3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 27-14
D. STREET ADDRESS (If rural, give location): 306 W. Cold Spring Lane
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12/16/1897
9. AGE (In years last birthday): 52
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stramfitter
10B. KIND OF BUSINESS OR INDUSTRY: Power & Combustion Co
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Hugh J. Hughes
14. MOTHER'S MAIDEN NAME: Nancy A. Blake
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Ernest Hughes
ADDRESS: 306 W. Cold Spring Lane

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 420.1
I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.
DUE TO
ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑
21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Wm. H. Kammer Jr. M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: April 7, 1950
24A. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial
24B. DATE: 4/10/50
24C. NAME OF CEMETERY OR CREMATORY: Prospect Hill
24D. LOCATION (City, town, or county) (State): Towson Md.
DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 1217 St. Paul St.

VS 151

34858

94a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

500
50 3260
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3260
Registered No.

1. NAME OF DECEASED (Type or Print): ARTHUR N. BOWEN

2. DATE OF DEATH: April 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-01
D. STREET ADDRESS (If rural, give location): 1003 Brentwood Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED (Specify)~~: Married
8. DATE OF BIRTH: 2/13/1911
9. AGE (In years last birthday): 39 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jefferson M. Bowen
14. MOTHER'S MAIDEN NAME: Bertha Forsythe
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. E916.5

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Second & Third degree burns
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Parking lot
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Center & Fallsway 11/1
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 6, 1950 ? P m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Apparently fell asleep while smoking in auto and upholstery caught fire

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: B S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 4-7-50

24A. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial
24B. DATE: 4/10/50
24C. NAME OF CEMETERY ~~OR CREMATORY~~: St. Peters
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St.

VS 151

N-948 98899 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

-654

50 3261

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3261

Registered No.

1. NAME OF DECEASED (Type or Print): Thomas R. Cornelius

2. DATE OF DEATH: April 7th 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1561 Lockwood Road
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1561 Lockwood Road
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 27-09
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1561 Lockwood Road

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 10-1877
9. AGE (In years last birthday): 72
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sanitary Retired
10B. KIND OF BUSINESS OR INDUSTRY: Calvert Bank
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Cornelius
14. MOTHER'S MAIDEN NAME: Virginia Ruse

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-28-3129
17. INFORMANT: Mrs Maude S Cornelius
ADDRESS: Lockwood

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: William L Helfrich M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: April 7, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/10/50
24C. NAME OF CEMETERY OR CREMATORY: Crosby Union Conn
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Lucille Williams M.D.
25. FUNERAL DIRECTOR: William Cox Inc
ADDRESS: 1217 St Paul St

VS 151

1568V

94a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

650
50 3262
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3262

1. NAME OF DECEASED (Type or Print): ADA May TORMEY
2. DATE OF DEATH: April 6, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Essex
D. STREET ADDRESS (If rural, give location): Cedar Drive, Route #4

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Feb. 18, 1878
9. AGE (In years last birthday): 72
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Salisbury, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph Crouch
14. MOTHER'S MAIDEN NAME: Ida Alverada (White
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Edith Snyder
ADDRESS: Cedar Martin Blvd. & Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E81r.4

(A) Crushing injury of the chest and fractures of both legs

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Eastern Avenue & Harrison Street
53.00
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 6, 1950 9:54 P.m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Pedestrian struck by auto

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: R B Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 4-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 8, 1950
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
24D. LOCATION (City, town, or county) (State): A. A. Co. Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Investigator Williams, M.I.
25. FUNERAL DIRECTOR: William Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 151

N-862.2

170C

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

-315

50 3263
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3263
Registered No.

1. NAME OF DECEASED (Type or Print): ROBERT A. STEVANS

2. DATE OF DEATH: March 27, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-05
D. STREET ADDRESS (If rural, give location): 1628 N. Calvert Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: About
9. AGE (In years last birthday): 32
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sail Maker
10B. KIND OF BUSINESS OR INDUSTRY: A L Robertson
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 421-07-4894
17. INFORMANT: A L Robertson ADDRESS: 113 S Gay St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 002Y

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: H. J. McCafferty M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 3/28/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/8/50
24C. NAME OF CEMETERY OR CREMATORY: Greenmount
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wilhoyt & Son
ADDRESS: 1217 E Coul St

VS 151

49644

13B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

-320

50 3264

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3264

Registered No.

1. NAME OF DECEASED (Type or Print): Marie Wettig

2. DATE OF DEATH: April 6/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General German Aged Peoples Home, 22 S. Athol Ave.

C. Length of stay in Baltimore: 60 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 28-04
D. STREET ADDRESS (If rural, give location): 22 S. Athol Ave.

5. SEX: Female

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Sept. 8, 1875

9. AGE (In years last birthday): 74 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hessen, Germany

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Andreas Pfaff

14. MOTHER'S MAIDEN NAME: Katharine Adolf

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. J. Geo. Walz, 22 S. Athol Ave. ADDRESS:

MEDICAL CERTIFICATION

18. 345 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Cardiac Dilitation — Unknown.

DUE TO

(B) Multiple Sclerosis. — Unknown.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mch. 20/50, 19__, *to* Apr. 6/50, 19__, *that I last saw the deceased alive on* Apr. 4/50 19__, *and that death occurred at* 2 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Henry Weeds Smith M. D.

23B. ADDRESS: 933 Hanover

23C. DATE SIGNED: Mch 7/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: April 8/50

24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park

24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Harry H. Reitz

ADDRESS: 4101 Edmondson Ave.

VS 150

871

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

432

50 3265

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3265

Registered No.

1. NAME OF DECEASED (Type or Print): William H. Shultz

2. DATE OF DEATH: April 6/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2535 W. Lafayette Ave.
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-05
D. STREET ADDRESS (If rural, give location): 2535 W. Lafayette Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 14, 1898
9. AGE (In years last birthday): 52
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Hood Rubber Co.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: --------Shultz
14. MOTHER'S MAIDEN NAME: Unknown ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Mary C. Shultz, ADDRESS: 2535 W. Lafayette Ave.

MEDICAL CERTIFICATION

18. 492X

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Virus infection of chest. — INTERVAL BETWEEN ONSET AND DEATH: 3/10/50

DUE TO Coronary thrombosis (Sudden). — 3 minutes.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 6, 1950, *to* April 6, 1950, *that I last saw the deceased alive on* ____, 19____ *and that death occurred at* / A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Dr E. W. Toom, M. D.
23B. ADDRESS: 1202 St Paul St Baltimore
23C. DATE SIGNED: 4/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 8/50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): 4300 Old Frederick Rd Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Harry H. Kintzel
ADDRESS: 4101 Edmondson Ave.

VS 150

2782V

94a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

326
50 3266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3266

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MOSES S. RODGERS

2. DATE OF DEATH: April 6, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-01
D. STREET ADDRESS (If rural, give location): 1368 Whatcoat Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH:
9. AGE (In years last birthday): 20 yrs
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker
10B. KIND OF BUSINESS OR INDUSTRY: Sparrow Point
11. BIRTHPLACE (State or foreign country): Suffolk Va
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: James Rogers
14. MOTHER'S MAIDEN NAME: Eula Macklin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 227-32-1512
17. INFORMANT: Bessie Baker ADDRESS: 1368 Whatcoat St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. E981

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Multiple gunshot wounds of chest and head
DUE TO

ANTECEDENT CAUSES

(B)
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Carey & Laurens Streets
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 6, 1950 9:55 P m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR?: Firearms

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [ ], *suicide* [ ], *homicide* [X], *undetermined* [ ].

23A. SIGNATURE: Earl L Royer M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 4-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 9/1950
24C. NAME OF CEMETERY OR CREMATORY: Church Cemetery
24D. LOCATION (City, town, or county) (State): Virginia

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Beatrice Williams, M.D.
25. FUNERAL DIRECTOR: Va Brooks
ADDRESS: 1463 N. Carey St

VS 151

N-862 98429 166

correct age is especially important. Physicians: please write the causes of death clearly and legi

535

BIRTH NO. 3267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3267

1. NAME OF DECEASED (Type or Print): WILLIAM T. SNOWDEN

2. DATE OF DEATH: April 6, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 23-01
D. STREET ADDRESS (If rural, give location): 156 W. West Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Mr M.
8. DATE OF BIRTH: 4/15/1857
9. AGE (In years last birthday): 93 94 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Sonwden
14. MOTHER'S MAIDEN NAME: Prissie Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Eliza Snowden — ADDRESS: 156, W. West St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].

23A. SIGNATURE: Emil L Boyd M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 4/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/8/1950
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary
24D. LOCATION (City, town, or county) (State): A.A.Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Anthony J. Williams, M.D.
25. FUNERAL DIRECTOR: I L Brown & Son — ADDRESS: 1682 Montgomery St

VS 151

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50 3268

50 3268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Steigerwald

2. DATE OF DEATH: April 5th. 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2832 E. Federal St.

C. Length of stay in Baltimore: Yrs. Mos. Days: Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 6-01
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 143 N. Streeper St.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb, 7th. 1875

9. AGE (In years last birthday): 75 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Andrew Ament

14. MOTHER'S MAIDEN NAME: ----------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No

(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Katherine E. Oaks ADDRESS: 129 N. Street St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 8 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Dis.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 29, 1950, *to* April 5, 1950, *that I last saw the deceased alive on* Apr 5, 1950, *and that death occurred at* 1:00 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Charles C. MacMillan M. D.

23B. ADDRESS: 2900 E. Balto St.

23C. DATE SIGNED: Apr 6, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/10/50

24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer

24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: John A. Moran ADDRESS: 3000 E. Balto. St.

VS 150

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50 3269

50 3269

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Heckwolf, Barbara Anna

2. DATE OF DEATH: April 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Hudson St.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Md. 26-09
D. STREET ADDRESS (If rural, give location): 3806 Hudson St.

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 30, 1887
9. AGE (In years last birthday): 62 63
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hwfe.
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Vogel
14. MOTHER'S MAIDEN NAME: Barbara Doetzer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: George H. Heckwolf
ADDRESS: 3806 Hudson St

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery arteriosclerosis with

DUE TO Cardiac decompensation

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 26, 1950, *to* April 7, 1950 *that I last saw the deceased alive on* April 7, 1950, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: S. K. Kaan M. D.
23B. ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: April 7, '50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/11/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: John A. Moran
ADDRESS: 3000 E. Balto. St.

VS 150

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50 3270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3270

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY ELIZA WILLIAMS

2. DATE OF DEATH: 6 April 50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Good Samaritan Hosp. 27 N. Carey St
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 21-02
D. STREET ADDRESS (If rural, give location): 1239 Bayard St

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3/3/1897
9. AGE (In years last birthday): 53 — If Under 1 Year: Months 1, Days 3 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Mollock
14. MOTHER'S MAIDEN NAME: Eliza

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Louis Mollock (B) — ADDRESS: 1239 Bayard St

MEDICAL CERTIFICATION

18. 443 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis

DUE TO

(B) arteriosclerotic & hypertensive cardio-vascular disease.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Possible abdominal malignancy.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 Mar, 1950, *to* 6 April, 1950, *that I last saw the deceased alive on* 5 April, 1950, *and that death occurred at* 1 30 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Emil H. Hemnigh M.D.
23B. ADDRESS: 601 Wilmas Way
23C. DATE SIGNED: 7 April 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/10/50
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem'l. Pk
24D. LOCATION (City, town, or county) (State): Balto. County, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Charles H. Cooper
ADDRESS: 512 Carrollton ave

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50 3271

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3271

1. NAME OF DECEASED (Type or Print): SAMUEL MARTIN WEBB

2. DATE OF DEATH: April 6, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 517 Walker Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-0813
D. STREET ADDRESS (If rural, give location): 517 Walker Ave.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec. 21, 1867
9. AGE (In years last birthday): 82 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U. S. Custom
10B. KIND OF BUSINESS OR INDUSTRY: Gov't. of the USA
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Samuel Webb
14. MOTHER'S MAIDEN NAME: Eliza Walker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Miss Alva Webb — ADDRESS: 517 Walker Ave.

MEDICAL CERTIFICATION

18. 4200

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Congestive Heart Disease — 6 months
DUE TO
(B) Arteriosclerotic Heart Disease — 2-4 years
DUE TO
(C) Coronary Artery Disease — 2-4 years
Right Hemiplegia, Complete — 6 months
Senility — 2-4 yrs.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 30, 1950, *to* April 6, 1950, *that I last saw the deceased alive on* April 6, 1950 *and that death occurred at* 1 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE: H. Wm. Principoff M. D.
23B. ADDRESS: Uniformed Offs
23C. DATE SIGNED: April 7, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/8/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Wm. J. Lickner & Sons
ADDRESS: Balto. Md.

937

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50 3272
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3272
Registered No.

1. NAME OF DECEASED (Type or Print): Clifton Alvin Rau
2. DATE OF DEATH: Apr. 6, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland — Marburg 3
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore — Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Md B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-12
D. STREET ADDRESS (If rural, give location): 318 Broadmoor Rd

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 3-7-06
9. AGE (In years last birthday): 44 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner
10B. KIND OF BUSINESS OR INDUSTRY: Awning Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John C. Rau
14. MOTHER'S MAIDEN NAME: Emelie Demuth
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute leukemia — 5 wks.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/2, 1950, *to* 4/6, 1950, *that I last saw the deceased alive on* 4/6, 1950, *and that death occurred at* 12 noon *m., from the causes and on the date stated above.*

23A. SIGNATURE: Joseph D.B. King M.D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4-6-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/10/50
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm. J. Lickner
ADDRESS: Balto Md

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236 CERTIFICATE RECEIVED 4-13-50

50 3273

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3273

1. NAME OF DECEASED (Type or Print): WM HARVEY BAXTER

2. DATE OF DEATH: April 6, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-08
D. STREET ADDRESS (If rural, give location): 228 S. ~~Gunkling Avenue~~ Collington Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W.
8. DATE OF BIRTH: MAY 22, 1870
9. AGE (In years last birthday): 79 78
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LEAD BURNER
10B. KIND OF BUSINESS OR INDUSTRY: B & O RR. CO
11. BIRTHPLACE (State or foreign country): BALTIMORE CO MD
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: JAMES BAXTER
14. MOTHER'S MAIDEN NAME: HANNAH MARSH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: GEO. F. H. BAXTER
ADDRESS: 3803 SOUTHERN

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: C. A. Lulombe M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 4-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4/10/50
24C. NAME OF CEMETERY OR CREMATORY: LORRAINE
24D. LOCATION (City, town, or county) (State): WOODLAWN MD

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25. FUNERAL DIRECTOR: ULLRICH FUNERAL HOME
ADDRESS: 2008 ORLEANS ST

VS 151

93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-363

50 3274

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3274

1. NAME OF DECEASED (Type or Print): LYDIA MORRIS STEUART

2. DATE OF DEATH: 4-7-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5709 ROLAND AVE.
C. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO. 27-13
D. STREET ADDRESS (If rural, give location): 5709 ROLAND AVE.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: NOV. 11 1894
9. AGE (In years last birthday): 55 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTO, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: ARTHUR B. STEUART
14. MOTHER'S MAIDEN NAME: SUSAN ELLICOTT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: EMILY TAYLOR AMES — ADDRESS: 4809 KESWICK RD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Heart Disease Angina Pectoris — 3 mos. approx

DUE TO

(C) Generalized Arteriosclerosis ~~Hypertension~~ — 10 yrs

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 20, 1946 *to* Feb 24, 1950, *that I last saw the deceased alive on* Feb 24, 1950 *and that death occurred at* 9:45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 18 E. Eager St Balto
23C. DATE SIGNED: April 8 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4-10-1950
24C. NAME OF CEMETERY OR CREMATORY: GREENMOUNT
24D. LOCATION (City, town, or county) (State): BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8-1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: H.W. JENKINS & SONS — ADDRESS: 4905 YORK RD.

VS 150

94a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DR. B.H. RUTLEDGE
18 E. EAGER

452 WILLIAMS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3275

Registered No.

BIRTH NO. 3275

1. NAME OF DECEASED (Type or Print): Lillian W. Williams

2. DATE OF DEATH: 4/6 — 50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1558 Argyle Ave.
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Argyle Ave
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 1558 Argyle 14-02

5. SEX: F.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept. 7 1880
9. AGE (In years last birthday): 70
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY: Private
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none

17. INFORMANT: Edna Green
ADDRESS: 1520 Argyle

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral apoplexy & Paralysis

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/24, 50, *to* 4/6, 50, *that I last saw the deceased alive on* 4/5, 1950, *and that death occurred at* 1:30 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Blair Butler Sr M. D.
23B. ADDRESS: 2139 Druid Hill Ave
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/8/50
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Cemetery
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Lucius Williams M.D.

25. FUNERAL DIRECTOR: A. Halstead
ADDRESS: 918 - 52086 Druid Hill Ave.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

452

50 3276

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3276

Registered No.

1. NAME OF DECEASED (Type or Print): Florence Dora Bullinger

2. DATE OF DEATH: April 6, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3525 Belvedere Ave. - W.
C. Length of stay in Baltimore: 2 Years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-18
D. STREET ADDRESS (If rural, give location): 3525 Belvedere Ave. - W.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: March 25, 1885
9. AGE (In years last birthday): 65 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Schafferman
14. MOTHER'S MAIDEN NAME: Mary Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Raymond Bullinger — ADDRESS: 3025 Belvedere

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension - Arteriosclerosis — 4 yrs.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Goiter — 2 yrs.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 4, 1950 *to* April 6, 1950, *that I last saw the deceased alive on* April 4, 1950, *and that death occurred at* 5 30 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: F. L. De Barbieri M. D.
23B. ADDRESS: 4723 Park Heights Ave
23C. DATE SIGNED: April 7, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 10, 50
24C. NAME OF CEMETERY OR CREMATORY: St. Charles Cemetery
24D. LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Frank H. Newell - Pikesville, Md.
ADDRESS:

VS 150

94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

+600

50 3277

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3277

Registered No.

1. NAME OF DECEASED (Type or Print): Marie Meier

2. DATE OF DEATH: April 6, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland 3321 Cliftmont Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore 4 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

3321 Cliftmont Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md. 26-03

D. STREET ADDRESS (If rural, give location): 3321 Cliftmont Ave.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 22, 1874

9. AGE (In years last birthday): 75

If Under 1 Year: Months Days

If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: --- Koeppel

14. MOTHER'S MAIDEN NAME: ------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): --

(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mr. Frederick Meier

ADDRESS: 3321 Cliftmont Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1½ hr.

DUE TO

ANTECEDENT CAUSES

(B) Coronary Sclerosis — 4 yrs.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Hypertension — year.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1946 *to* 4-6, 1950 *that I last saw the deceased alive on* 4-5, 1950, *and that death occurred at* 10:30 P.M. *from the causes and on the date stated above.*

23A. SIGNATURE: Wilbur H. Feaster M. D.

23B. ADDRESS: 3025 Belair Road

23C. DATE SIGNED: 4-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24B. DATE: Apr. 10, 150

24C. NAME OF CEMETERY OR CREMATORY: Greenmont Cem.

24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950

REGISTRAR'S SIGNATURE: Thurlington Williams M.D.

25. FUNERAL DIRECTOR: Philip Herring Sons

ADDRESS: 2024 Orleans St.

VS 150

94a

PLEASE WRITE FULL, WITH UNFADING INK. Be sure that the data you give for the certificate of death is correct and legibly. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

3-650

50 3278

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3278

Registered No.

1. NAME OF DECEASED (Type or Print): Bertha Lee Browne

2. DATE OF DEATH: Apr.6th.1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2235 Lake Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
2235 Lake Ave.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore Md. 8-01
D. STREET ADDRESS (If rural, give location)
2235 Lake Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Oct.14,1892
9. AGE (In years last birthday): 57
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles A. Richardson
14. MOTHER'S MAIDEN NAME: Elen Anna Pherson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): --
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. Frank Lee Browne, ADDRESS: 7004 Bellona Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1

(A) Acute pulmonary edema. — INTERVAL BETWEEN ONSET AND DEATH: 10 min

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary occlusion — 1/2 hr.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes mellitus

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 1950 *to* Apr. 6, 1950 *that I last saw the deceased alive on* Apr. 6, 1950, *and that death occurred at* 11:40 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Conrad L. Richter M. D.
23B. ADDRESS: 1706 N. Washington St
23C. DATE SIGNED: 2/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr.10/50
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 1950
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25. FUNERAL DIRECTOR: Philip Herwig Sons
ADDRESS: 2024 Orleans St.

VS 150

3278

61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be completed. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

325
50 3279

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3279

Registered No.

1. NAME OF DECEASED (Type or Print): Walter Dotson

2. DATE OF DEATH: 4/15/1950

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): I502 Harlem Ave

C. Length of stay in Baltimore Yrs. Mos. Days Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. City 16-02

D. STREET ADDRESS (If rural, give location): I502 Harlem Ave

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sep 5. 19. 1896

9. AGE (In years last birthday): 53

If Under 1 Year: Months Days

If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Bedding Co. International

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Dotson

14. MOTHER'S MAIDEN NAME: Annie Dotson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Charlotte Gross ADDRESS: I502 Harlem Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio-Vascular Renal — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

DUE TO

(B) Disease - Hemiplegia

DUE TO

(C) Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/5, 1949 *to* 4/5, 1950, *that I last saw the deceased alive on* 4/5, 1950, *and that death occurred at* 6 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: M. L. Jackson M. D.

23B. ADDRESS: 600 Washington Ave

23C. DATE SIGNED: 4/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/8/1950

24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.

24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Elroy O. Wilson ADDRESS: I000 Brantly Ave

VS 150

98F1V Elroy O. Wilson

131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. Be sure to write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-400

50 3280

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3280

Registered No.

1. NAME OF DECEASED (Type or Print): Rosa Kelley

2. DATE OF DEATH: April 5/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto city
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 405 N. Durham St
C. Length of stay in Baltimore: 60 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6-04
D. STREET ADDRESS (If rural, give location): 405 N Durham St

5. SEX: Female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Sept 10, 1876
9. AGE (In years last birthday): 73
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House hold
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Levi Kelly
14. MOTHER'S MAIDEN NAME: Harriett Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Cora Levi
ADDRESS: 405 N. Durham

MEDICAL CERTIFICATION

18. 331 X

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis — Indef

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 4, 1950, to Apr 5, 1950, that I last saw the deceased alive on Apr 3, 1950, and that death occurred at 7 A m., from the causes and on the date stated above.

23A. SIGNATURE: Edward Fisher M. D.
23B. ADDRESS: 1612 Monument
23C. DATE SIGNED: 4-5/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-8-50
24C. NAME OF CEMETERY OR CREMATORY: Mt Zion cem.
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson
ADDRESS: 1100 Bentley Md

VS 150

83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given in any instance where correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N 362

50 3281

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3281

1. NAME OF DECEASED (Type or Print): John Mitchell Waters

2. DATE OF DEATH: April 5, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2209 Druid Hill Ave.
C. Length of stay in Baltimore: 58 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-03
D. STREET ADDRESS (If rural, give location): 2209 Druid Hill Ave.

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 12, 1891
9. AGE (In years last birthday): 58 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10B. KIND OF BUSINESS OR INDUSTRY: Auto (Public)
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gilbert Waters
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Pauline Kelso — ADDRESS: 2209 Druid Hill Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 30 days

DUE TO

(B) Influenza & Meningitis — 60 days

DUE TO

(C) Pneumonia — Indefinite

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

480 X

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/20, 1950 *to* 4/5, 1950, *that I last saw the deceased alive on* 4/5, 1950, *and that death occurred at* 9:45 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: Jas R Blake M. D.
23B. ADDRESS: 1603 N. Carolina
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/8/1950
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Memorial Pk.
24D. LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Lindington Williams, M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home — ADDRESS: 1631 Druid Hill Ave.

VS 150

332 84

33a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of this certificate is important. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

615 SKIRVIN X

50 3282

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3282

1. NAME OF DECEASED (Type or Print): Mrs. Ella Skirvin

2. DATE OF DEATH: Apr 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospt.
c. Length of stay in Baltimore: 1 month (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overlea 5200
D. STREET ADDRESS (If rural, give location):

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 27 1884
9. AGE (In years last birthday): 65
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor
10B. KIND OF BUSINESS OR INDUSTRY: School of Blind
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James French
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Hospital Records — ADDRESS: Balto. Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Carcinoma of Breast.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Mar 9 - 1950
19B. MAJOR FINDINGS OF OPERATION: Schirrous Carcinoma Rt. Breast
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 5, 1950, *to* April 8, 1950, *that I last saw the deceased alive on* Apr. 9, 1950, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: D. Shrohler M. D.
23B. ADDRESS: Bon Secours Hosp.
23C. DATE SIGNED: 4/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 11, 1950
24C. NAME OF CEMETERY OR CREMATORY: Chester Cem.
24D. LOCATION (City, town, or county) (State): Chestertown, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Huntington, Indiana
25. FUNERAL DIRECTOR: J. Willis Wells — ADDRESS: Chestertown Maryland

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or a reason why it cannot be given must be stated. Be certain that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Town 4224

323

BIRTH NO. 50 3283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3283

1. NAME OF DECEASED (Type or Print): Miss Gertrude Stocksdale

2. DATE OF DEATH: 4-7-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Haven Nursing Home 4515 Garrison Blvd.
C. Length of stay in Baltimore: 9 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-10
D. STREET ADDRESS (If rural, give location): 4515 Garrison Blvd.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: Feb 13-1866
9. AGE (In years last birthday): 84 yrs. (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Dressmaker
10B. KIND OF BUSINESS OR INDUSTRY: Dressmaking Establishment
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John T.C. Stocksdale
14. MOTHER'S MAIDEN NAME: Eliza Cook

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Joseph Simmons ADDRESS: Glyndon Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis (Chronic) — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

(B) Hypertensive Cardiovascular Disease — Unknown

DUE TO

(C) Cerebral Vascular Accident — 9 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Robert B. McFadden M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: 4-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 10-1950
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
24D. LOCATION (City, town, or county) (State): Pikesville Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 8-1950
REGISTRAR'S SIGNATURE: for Williams, M.D.
25. FUNERAL DIRECTOR: Um Berryman & Sons - Reisterstown ADDRESS: Md.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

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250

50 3284

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 50 3284

1. NAME OF DECEASED (Type or Print): RIGNEY, JOHN

2. DATE OF DEATH: 4/7/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): White Hall 5300
D. STREET ADDRESS (If rural, give location):

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widower
8. DATE OF BIRTH: Nov. 22, 1882
9. AGE (In years last birthday): 67
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk (rtd)
10B. KIND OF BUSINESS OR INDUSTRY: hotel
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Rigney
14. MOTHER'S MAIDEN NAME: Lydia Hoffman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Frederick G. Arntz
ADDRESS: 3623 Cedar Drive

MEDICAL CERTIFICATION

18. 610 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) UREMIA

DUE TO

ANTECEDENT CAUSES

(B) Acute retention

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Benign prostatic hypertrophy

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

over

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/6/50, 19__, *to* 4/7/50, 19__, *that I last saw the deceased alive on* 4/7, 1950, *and that death occurred at* 1:45 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Lorenzo Bachman M. D.
23B. ADDRESS: UNIVERSITY HOSP
23C. DATE SIGNED: 4/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/10/50
24C. NAME OF CEMETERY OR CREMATORY: Wiseburg Cem.
24D. LOCATION (City, town, or county) (State): Balto. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickett & Sons
ADDRESS: Balto Md.

VS 150

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Letter in document file. 50-3284 - 5/2/50.

L 500

50 3285

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3285

Registered No.

1. NAME OF DECEASED (Type or Print): HENRY N. CHANEY

2. DATE OF DEATH: 4-7-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2731 Mosher St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-06
D. STREET ADDRESS (If rural, give location): 2731 Mosher St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 4, 1870
9. AGE (In years last birthday): 80 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. + Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Ret. Shoe - Wholesale
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?: US
13. FATHER'S NAME: John Chaney
14. MOTHER'S MAIDEN NAME: Rebecca Sellinger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs Nellie Chaney
ADDRESS: 2731 Mosher St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: About 2 years

DUE TO ?

ANTECEDENT CAUSES

(B) — INTERVAL: About a year

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Generalized Metastasis in Pelvic Bones — INTERVAL: About 5 years

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Arteriosclerosis

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 23, 1946 *to* April 7, 1950, *that I last saw the deceased alive on* April 6, 1950 *and that death occurred at* 11:30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Theodore H. Morrison M. D.
23B. ADDRESS: 11 E. Lafayette St.
23C. DATE SIGNED: 4/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-10-50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: Huntington Willis
25. FUNERAL DIRECTOR: George A. Farley
ADDRESS: Fulton & Fayette St.

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50 3286

BIRTH NO. 50 3286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print): GEORGE T. ELY

2. DATE OF DEATH: April 5th, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3012 Glenmore Ave.
C. Length of stay in Baltimore (Yrs. Mos. Days): life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-05
D. STREET ADDRESS (If rural, give location): 3012 Glenmore Ave.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 6th, 1869
9. AGE (In years last birthday): 80 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Collector
10B. KIND OF BUSINESS OR INDUSTRY: Hub Piano Co.
11. BIRTHPLACE (State or foreign country): Balto., Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: William F. Ely
14. MOTHER'S MAIDEN NAME: Mary E. Collett
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 220-05-7285
17. INFORMANT: Mrs. Geo. T. Ely
ADDRESS: 3012 Glenmore Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

DUE TO

(B) Generalized Arteriosclerosis — 5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct. 6, 19~~48~~, *to* Apr. 5, 19~~50~~, *that I last saw the deceased alive on* Mar 30, 19~~50~~, *and that death occurred at* 3 4 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Geo. Sawyer M. D.
23B. ADDRESS: 808 Forford Rd.
23C. DATE SIGNED: 4 5 50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: April 8, 1950
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1950
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
25. FUNERAL DIRECTOR: Lasiski Funeral Home
ADDRESS: 7401 Belair Rd.

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

931

S-222

50 3287

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3287

1. NAME OF DECEASED (Type or Print): Jonas Seskauskas

2. DATE OF DEATH: April 6 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 125 Albemarle St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00
C. Length of stay in Baltimore: 50 Y-rs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 3-02
D. STREET ADDRESS (If rural, give location): 125 Albemarle St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 27 1886
9. AGE (In years last birthday): 63
If Under 1 Year: Months 11 Days 10
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brass Foundry (Retired)
10B. KIND OF BUSINESS OR INDUSTRY: Fondry
11. BIRTHPLACE (State or foreign country): Lithuania
12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Eva Seskauskas (Wife) ADDRESS: 125 Albemarle St.

MEDICAL CERTIFICATION

18. 450.0

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6-8 hrs.

DUE TO

(B) Pulmonary edema — 24-48 hrs

DUE TO

(C) Generalized arteriosclerosis — 10-15 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* June, 1949, *to* April 6, 1950, *that I last saw the deceased alive on* April 6, 1950, *and that death occurred at* 2:00 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 642 North Blvd
23C. DATE SIGNED: 4-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 10 1950
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): 4430 Belair Rd. Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 9 - 1950
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Frank Della Rocca
ADDRESS: 322 S. High St.

VS 150

R- Rangle 98831

97

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-200
50 3288

Shauck

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 50 3288

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EVERETT DONALD SHAUCK

2. DATE OF DEATH: 4-8-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNION MEMORIAL HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days 4 —

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALT.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FREELAND 5300
D. STREET ADDRESS (If rural, give location): None

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 4-23-1915
9. AGE (In years last birthday): 34 35
If Under 1 Year: Months 11 Days 5
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10B. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): FREELAND Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HARRY SHAUCK
14. MOTHER'S MAIDEN NAME: ESTHER PEREGOY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT (WIFE) ADDRESS: MRS BEATRICE SHAUCK FREELAND

MEDICAL CERTIFICATION

18. 502.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Homologous serum jaundice — 8 days
DUE TO
(B) — over
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bronchiectasis — years

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-4, 1950, *to* 4-8, 1950, *that I last saw the deceased alive on* 4-8, 1950, *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: H. K. Shoemaker M. D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 11, 1950
24C. NAME OF CEMETERY OR CREMATORY: Middletown Cemetery
24D. LOCATION (City, town, or county) (State): Freeland, Md-R.D.

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Jacob Sartwelin
ADDRESS: New Freedom, Pa.

VS 150

APR 8 1950

N-998.5 (H.K. Shoemaker) 000VV

106B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Serum was given for low serum proteins due to chronic infection
Letter in document file 50-3288 - 5/4/50.

C-626

Crozier

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 50 3289

Registered No. 50 3289

1. NAME OF DECEASED (Type or Print): Charles W. CROZIER

2. DATE OF DEATH: 4/6/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days: Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 8-01
D. STREET ADDRESS (If rural, give location): 3313 Parklawn Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 14-1882
9. AGE (In years last birthday): 68
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10B. KIND OF BUSINESS OR INDUSTRY: Penn. R. R.
11. BIRTHPLACE (State or foreign country): Balto ~~Kalfenbach~~
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Crozier 717-07-6070
14. MOTHER'S MAIDEN NAME: Catherine Kalfenbach

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 717-07-6070
17. INFORMANT: Mrs Crozier ADDRESS: 3313 Parklawn

MEDICAL CERTIFICATION

18. 181 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) UREMIA — 1 week

DUE TO

ANTECEDENT CAUSES

(B) Acute Renal failure — 1 week

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma of the bladder

19A. DATE OF OPERATION: April 1949
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of the bladder
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 3, 1950, *to* April 6, 1950, *that I last saw the deceased alive on* April 6, 1950, *and that death occurred at* 2 20 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Charles T. Henderson M. D.
23B. ADDRESS: UNIVERSITY HOSPITAL
23C. DATE SIGNED: 4/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 11-50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 9 - 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Joseph Henderson ADDRESS: 3001 Kentucky Ave

VS 150

32247

52B

Physicians: Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

742

S-316
50 3290

50 3290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MINNIE G. STAFFORD

2. DATE OF DEATH: Apr. 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 205 E. Mt. Royal Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-01
D. STREET ADDRESS (If rural, give location): 205 E. Mt. Royal Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Jan. 5, 1879
9. AGE (In years last birthday): 71
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At. home
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Gaylord
14. MOTHER'S MAIDEN NAME: Sarah Jane Vollevy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Carolyn B. Moore, ADDRESS: 205 E. Mt. Royal Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 hours
DUE TO
(B) Hypertensive + Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1947, to April 8, 1950, that I last saw the deceased alive on 4-8, 1950, and that death occurred at 6:15 A m., from the causes and on the date stated above.

23A. SIGNATURE: Leon Coleman M. D.
23B. ADDRESS: 1201 Poplar Grove St
23C. DATE SIGNED: 4-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 4/9/50
24C. NAME OF CEMETERY OR CREMATORY: St. Lukes
24D. LOCATION (City, town, or county) (State): Roper, North Carolina.

DATE RECEIVED BY LOCAL REGISTRAR: APR 9 - 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wilhorn & Son
ADDRESS: 1217 St Paul St

VS 150

937

correct age is especially important. Physicians: please write the causes of death clearly and legi

S-415
50 3291

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3291
Registered No.

1. NAME OF DECEASED (Type or Print): Edward C. Sullivan

2. DATE OF DEATH: 4-4-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 26-05
D. STREET ADDRESS (If rural, give location): 506 S. TOLNA ST.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: JULY 24, 1922
9. AGE (In years last birthday): 27 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK
10B. KIND OF BUSINESS OR INDUSTRY: BALTO. SIGNAL DEPOT.
11. BIRTHPLACE (State or foreign country): SPARROWS PT., MD.
12. CITIZEN OF WHAT COUNTRY? U-S.
13. FATHER'S NAME: HENRY S. SULLIVAN
14. MOTHER'S MAIDEN NAME: HELEN M.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. HELEN CARNES — ADDRESS: 506 S. TOLNA ST.

MEDICAL CERTIFICATION

18. 490X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — 1 mos

DUE TO

ANTECEDENT CAUSES

(B) Unknown Causes

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Lobar Pneumonia — 1 mos

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-3- *, 1950 to* 4-4 *, 1950, that I last saw the deceased alive on* 4-4 *, 1950, and that death occurred at* 6:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: William A. Halloway M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 4-4-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 10, 1950
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cem.
24D. LOCATION (City, town, or county) (State): Balto. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 9 - 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Roland L. Fisher — ADDRESS: Dundalk, Md.

VS 150

26683

108

PLEASE WRITE PLAINLY, WITH BLACK INKING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-540
50 3292

G. 6370

50 3292

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Knell - Henry A.

2. DATE OF DEATH: April 7-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 26 Franklin Square Hosp.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 19-04
D. STREET ADDRESS (If rural, give location): 410 Burns Court.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 8-12-1878
9. AGE (In years last birthday): 71 72 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Embalmer (Ret)
10B. KIND OF BUSINESS OR INDUSTRY: Undertaking
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Knell George
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Agnes Steinmetz — ADDRESS: 1812 Ramsay St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart
DUE TO
(B) Failure
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

434.1

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-17, 1950 *to* 4-7, 1950, *that I last saw the deceased alive on* 4-7, 1950, *and that death occurred at* 7:25 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: Franklin Sq. Hosp.
23C. DATE SIGNED: 4-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/10/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE: Lillian Williams, M.D.
25. FUNERAL DIRECTOR: Robt C. & B. M. Walters — ADDRESS: Stricker St

APR 9 1950
O.B. CAMP
V6489
93E

Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

50 3293

M-622

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3293

Registered No.

1. NAME OF DECEASED (Type or Print): Michael M. Marcus

2. DATE OF DEATH: 4/8/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3800 Sixth St
C. Length of stay in Baltimore: 55 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-04
D. STREET ADDRESS (If rural, give location): 3800 Sixth St

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov 15 1855
9. AGE (In years last birthday): 94
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Ret)
10B. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? Austria
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Anna M. Beran
ADDRESS: 3800 Sixth St

MEDICAL CERTIFICATION

18. 191X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) gen'l carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) carcinoma face — 2 yrs.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 20, 1950 *to* Apr 8, 1950 *that I last saw the deceased alive on* Apr 7, 1951 *and that death occurred at* 3 45 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Philip W. Kreiter M.D.
23B. ADDRESS: 302 Patapsco Ave
23C. DATE SIGNED: Apr 8 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/11/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): A.A. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 9 - 1950
REGISTRAR'S SIGNATURE: Armistead Williams, M.D.
25. FUNERAL DIRECTOR: Pott & B.M. Walters
ADDRESS: Pott & Walters Funeral Dirs 53 Ats

VS 150

B 5 8 0 0 1 3 2 9 3

PLEASE PRINT, WRITE OR TYPE. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-365
50 3294

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3294
Registered No.

1. NAME OF DECEASED (Type or Print): Solomon Stern

2. DATE OF DEATH: April 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3727 ParkHeights Ave
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-12
D. STREET ADDRESS (If rural, give location): 3727 ParkHeights Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 15, 1881
9. AGE (In years last birthday): 68 y
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Clothing S. & M Tailoring Co
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herman Stern
14. MOTHER'S MAIDEN NAME: Bertha Stern

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr Edward Manko
ADDRESS: 3727 Parkheights Ave

MEDICAL CERTIFICATION

18. 420.0

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Coronary Occlusion — 5 minutes
DUE TO
(B) Arteriosclerotic Heart Disease — Unknown
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — 1948 *to* Apr 7, 1950, *that I last saw the deceased alive on* Apr 5, 1950, *and that death occurred at* 5:50 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Martin L. Sugarwell M. D.
23B. ADDRESS: 1109 St Paul St
23C. DATE SIGNED: 4-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 10, 1950
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Hebrew Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 9 - 1950
REGISTRAR'S SIGNATURE: Cunnington Williams, M.D.
25. FUNERAL DIRECTOR: Sol Levinson & Bros
ADDRESS: 1126 W North Ave

VS 150

27406 2 9 1

937

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-151

CERTIFICATE CORRECTED 4-14-50

50 3295

50 3295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ardie Gertrude Diefenbach

2. DATE OF DEATH: 4-7-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
c. Length of stay in Baltimore: 62 6-3 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-08
D. STREET ADDRESS (If rural, give location): 719 Mt Holly St #29

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): m
8. DATE OF BIRTH: 1-29-87 (1888)
9. AGE (In years last birthday): 62 6-3
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H-W
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Von Wachter Van-Warnter
14. MOTHER'S MAIDEN NAME: Lavenia Pfeiffer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Wm. L. Diefenbach, ADDRESS: 719 Mt. Holly St.

MEDICAL CERTIFICATION

18. 602 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — unknown

DUE TO

(B) Left hydronephrosis — unknown

DUE TO

(C) and bilateral nephrolithiasis — several years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic heart disease
Coronary insufficiency

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-6, 1950, *to* 4-7 50, 19__, *that I last saw the deceased alive on* 4-7, 1950, *and that death occurred at* 9 45 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Marguerite Louise Cadle M. D.
23B. ADDRESS: Md General Hospital
23C. DATE SIGNED: 4-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 10/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park 3801
24D. LOCATION (City, town, or county) (State): Frederick Rd. Balto. 29, Md.

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE: Lillington Funeral Home
25. FUNERAL DIRECTOR: Harry T. Pinkos
ADDRESS: 4101 Edmondson Ave.

APR 9 1950

134a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

240

50 3296

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3296

Registered No.

1. NAME OF DECEASED (Type or Print): ~~Bosley~~, ICEA Deen, Bosley

2. DATE OF DEATH: 4-9-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Finksburg
D. STREET ADDRESS (If rural, give location): 5600

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Aug 21 1877
9. AGE (In years last birthday): 72
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Carroll Co
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles Webster
14. MOTHER'S MAIDEN NAME: Caroline Blum

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Stanley Bosley ADDRESS: Finksburg

MEDICAL CERTIFICATION

18. 171X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Dehydration, acidosis, Uremia — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Generalized Cacinomatosis

DUE TO

(C) Cacinoma of Cervix

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6-, 1950, to 4-9-, 1950, that I last saw the deceased alive on 4-9-, 1950, and that death occurred at 1:20 A m., from the causes and on the date stated above.

23A. SIGNATURE: Wa. Weimann M. D.
23B. ADDRESS: Univ. Hosp.
23C. DATE SIGNED: 4-9-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/12/50
24C. NAME OF CEMETERY OR CREMATORY: Deer Park
24D. LOCATION (City, town, or county) (State): Carroll Co

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Huntington Marshall
25. FUNERAL DIRECTOR: H Barkard. Son Westminster Md ADDRESS:

VS 150

48a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

560
M M 116543
50 3297
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3297

1. NAME OF DECEASED (Type or Print): Susie, Minor

2. DATE OF DEATH: April 7-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore ~~#115~~ 50-yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17-01
D. STREET ADDRESS (If rural, give location): 544 W. Biddle ST.

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Nov. 15-1877
9. AGE (In years last birthday): 72 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): domestic
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Essex Co. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George, Cannon
14. MOTHER'S MAIDEN NAME: Patsy Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: B.C. H. Records ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. 450.0

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intestinal Infarcts

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) General Arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 10/19/48
19B. MAJOR FINDINGS OF OPERATION: Right indirect inguinal hernia
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-13-48 19__, *to* 4-7-50, 19__, *that I last saw the deceased alive on* 4-7-50, 19__, *and that death occurred at* 8:10 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. L. Cooper M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 4-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-10-50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): A. A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Lurlington Williams, M.D.
25. FUNERAL DIRECTOR: Samuel W. Sullivan Sr.
ADDRESS: 1011 N. Arlington Ave. 122 B

77087

Vs 150

PLEASE WRITE ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Letter in document file 50-3297. 5/31/50.

516

50 3298

BIRTH No.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3298

1. NAME OF DECEASED (Type or Print): William Schnauffer

2. DATE OF DEATH: APR 8 - 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland J. H.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: 0 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Frederick
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Frederick 6011
D. STREET ADDRESS (If rural, give location): 112 W. Church St

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-8-03
9. AGE (In years last birthday): 47
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): M.D.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Schnauffer
14. MOTHER'S MAIDEN NAME: Mary H. West.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Spinal Cord Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [✓] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-7- *, 19*50*, to* 4-8- *, 19*50*, that I last saw the deceased alive on* 4-8 *, 19*50*, and that death occurred at* 8 20 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: James C. Jardell Jr. M.D. M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-11-1950
24C. NAME OF CEMETERY OR CREMATORY: St. Mark's
24D. LOCATION (City, town, or county) (State): St. Marks Frederick Co, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: M.R. Etchison & Son Frederick, Md.
ADDRESS

VS 150

V3292

99

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

522

MS--137147

50 3299

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3299

Registered No.

1. NAME OF DECEASED (Type or Print): Michael Zinkus

2. DATE OF DEATH: April 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals, 4940 Eastern Ave.
C. Length of stay in Baltimore: 30 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18-03
D. STREET ADDRESS (If rural, give location): 809 Hollins St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: June 18, 1889
9. AGE (In years last birthday): 60
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10B. KIND OF BUSINESS OR INDUSTRY: Dzube Bros Tailoring Co.
11. BIRTHPLACE (State or foreign country): Lithuania
12. CITIZEN OF WHAT COUNTRY?: ✓
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records* B.C.H.--4940 Eastern Ave. ADDRESS

MEDICAL CERTIFICATION

18. 600.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Right Perinephritic abcess

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 4-7-50
19B. MAJOR FINDINGS OF OPERATION: Volvulus of sigmoid colon
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-7-, 1950, *to* 4-7-, 19 50 *that I last saw the deceased alive on* 4-7-, 19 50, *and that death occurred at* 10:10 PM *from the causes and on the date stated above.*

23A. SIGNATURE: H. Argas M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 4-8-1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/10/50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): 4300 Old Frederick Rd

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Thurston Williams, M.D.
25. FUNERAL DIRECTOR: John J. Cowan & Son
ADDRESS: 133B Hollins St.

VS 150

TO BE APPROVED BY CHIEF MEDICAL EXAMINER

36006

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOT A MEDICAL EXAMINER'S CASE

W. J. McClafferty M.D.
CHIEF OR ASS'T. MEDICAL EXAMINER

132

50 3300

RAVitch

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

50 3300

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Bernard Ravitch

2. DATE OF DEATH: April 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Surg Hal 6
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: 38 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: N.Y.
B. COUNTY: V-29
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Yonkers
D. STREET ADDRESS (If rural, give location): 154 Midland Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-22-83
9. AGE (In years last birthday): 67
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Marcus
14. MOTHER'S MAIDEN NAME: Anna
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS:

MEDICAL CERTIFICATION

18. 541.0

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fulminating Pancreatitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Duodenal Ulcer

DUE TO

(C) Renal Shutdown

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 4/6/50
19B. MAJOR FINDINGS OF OPERATION: Duodenal Ulcer
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-31-, 1950 *to* 4-9-, 1950, *that I last saw the deceased alive on* 4-9-, 1950, *and that death occurred at* 2:13 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Verne E. Chaney Jr. M.D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 4-10-50
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): New York N.Y.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

VS 150

V2890

1170

correct age is especially important. Physicians: please write the causes of death clearly and legibly

251

50 3301

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3301

Registered No.

1. NAME OF DECEASED (Type or Print): Sarah Eisenberg

2. DATE OF DEATH: 4/8/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-05
D. STREET ADDRESS (If rural, give location): 2143 Eagle Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov.
9. AGE (In years last birthday): 57 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sam Winestone
14. MOTHER'S MAIDEN NAME: Jennie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unkoown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital records — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CORONARY OCCLUSION ACUTE

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/6, 1950 *to* 4/8, 1950 *that I last saw the deceased alive on* 4/8, 1950 *and that death occurred at* 10:15 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: [illegible]
23C. DATE SIGNED: 4/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-10-1950
24C. NAME OF CEMETERY OR CREMATORY: Mt. Carmel
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Levin Inc.
ADDRESS: 2100 Eutaw Place

VS 150

94a

THE PAPER, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

635
50 3302
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3302
Registered No.

1. NAME OF DECEASED (Type or Print): DR. HARRY FRIEDENWALD
2. DATE OF DEATH: APRIL 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2412 W. ROGERS AVE
C. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 27-15
D. STREET ADDRESS (If rural, give location): 2412 W. ROGERS AVE

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: SEPT 21 - 1864
9. AGE (In years last birthday): 85
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PHYSICIAN
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: AARON FRIEDENWALD
14. MOTHER'S MAIDEN NAME: BERTHA BAMBERGER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. MYER STRAUSS
ADDRESS: 2412 W. ROGERS AVE

MEDICAL CERTIFICATION

18. 420.0

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

(B) arteriosclerotic Heart Disease — 9 months

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 1949 19__, *to* April 8, 1950, *that I last saw the deceased alive on* April 8, 1950, *and that death occurred at* 10:40 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Paul E. Gardiner M. D.
23B. ADDRESS: 2212 South Road
23C. DATE SIGNED: April 9, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4-10-1950
24C. NAME OF CEMETERY OR CREMATORY: BALTIMORE HEBREW
24D. LOCATION (City, town, or county) (State): BALTIMORE, MD

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Hunter Jon Williams M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc.
ADDRESS: 2100 Eutaw Place

VS 150

93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Caulmer
Dutch Road
Re 8323

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455

50 3303

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3303

Registered No.

1. NAME OF DECEASED (Type or Print): ABRAHAM KOLMAN

2. DATE OF DEATH: 4/8/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SINAI HOSPITAL
C. Length of stay in Baltimore: 44 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-04
D. STREET ADDRESS (Rural, give location): 2135 No Pulaski St

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 57
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cutter
10B. KIND OF BUSINESS OR INDUSTRY: Ladies Waist
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Lester
14. MOTHER'S MAIDEN NAME: Emma

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Edna Kolman ADDRESS: 2135 No Pulaski St

MEDICAL CERTIFICATION

18. 443 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) cerebro-vascular accident

DUE TO

(B) arterio-sclerotic hypertensive vascular disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 3/27, 1950, to 4/8, 1950, that I last saw the deceased alive on 4/8, 1950, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE: William Kroker M. D.
23B. ADDRESS: Sinai Hosp
23C. DATE SIGNED: 4/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-10-50
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Herring Run
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc ADDRESS: 2100 Eutaw Pl

VS 150

496 06 3 0 3 93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

-620

50 3304

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3304

1. NAME OF DECEASED (Type or Print): Harry Oster Norris

2. DATE OF DEATH: April-8-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1912 South Road
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at Home
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Washington, Baltimore 27-15
D. STREET ADDRESS (If rural, give location): 1912 South Road, Mt. Washington

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July-12-1870
9. AGE (In years last birthday): 79 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Executive
10B. KIND OF BUSINESS OR INDUSTRY: Auto Supplies
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: R. W. Norris
14. MOTHER'S MAIDEN NAME: Emma Oster
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 215-28-6525
17. INFORMANT: The Messrs. Norris (sons) — ADDRESS: 1912 South Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSES

(B) Arterio-Sclerosis-Generalized — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 13, 1950, *to* April 8, 1950, *that I last saw the deceased alive on* April 7, 1950, *and that death occurred at* 9:45 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Henry L. Hamer M. D.
23B. ADDRESS: 20 E. Preston Street
23C. DATE SIGNED: April 8/1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April-10-1950
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
24D. LOCATION (City, town, or county) (State): Pikesville, Maryland.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Stewart & Mowen Co., — ADDRESS: 108 W. North Ave.,

VS 150

City #1.

97

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

-455 Solomon

BIRTH NO. 3305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3305

1. NAME OF DECEASED (Type or Print): Anthony Solomon

2. DATE OF DEATH: April 8, 1980

3. PLACE OF DEATH: A. Baltimore City, Maryland 2216 Sidney Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN Balto (If outside corporate limits, write RURAL and give township) 25-03A
D. STREET ADDRESS (If rural, give location) 2216 Sidney Ave

Length of stay in Baltimore 15 mos (Yrs. Mos. Days)

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: June 13, 1882
9. AGE (In years last birthday): 67
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Labor America Steel & Wire
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Syria
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Solomon
14. MOTHER'S MAIDEN NAME: Sarah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO. 209-10-6369
17. INFORMANT: George A. Booth ADDRESS: 2216 Sidney Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Artery Disease
DUE TO A.S.C.V.D.
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Earl L. Rose M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 9 Apr 80

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 11, 1940
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): A. A. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Director of Vital Records, Md.
25. FUNERAL DIRECTOR: A. Bonnell Evans
ADDRESS: 1400 St. Lawrence

VS 151

98830 937

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-160

50 3306

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3306

1. NAME OF DECEASED (Type or Print): Constance B. Weber

2. DATE OF DEATH: April 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1612 Thames Street
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 2-03
D. STREET ADDRESS (If rural, give location): 1612 Thames Street

Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept 1, 1862
9. AGE (In years last birthday): 87
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Marski
14. MOTHER'S MAIDEN NAME: Frances ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mary Ritter
ADDRESS: 1612 Thames Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio-Vascular Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1950, to April 8, 1950, that I last saw the deceased alive on April 7, 1950, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 2579 Eastern Ave.
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 11-1950
24C. NAME OF CEMETERY: Holy Rosary
24D. LOCATION (City, town, or county) (State): Baltimore-County, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: George A. Weber
ADDRESS: 700 S. Ann St

VS 150

93D

Correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

460

50 3307
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3307

1. NAME OF DECEASED (Type or Print): Grace E. Taylor.
2. DATE OF DEATH: April 6, 1950.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1524 Harlem Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-02
D. STREET ADDRESS (If rural, give location): 1524 Harlem Ave.,

5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 8, 1894
9. AGE (In years last birthday): 56 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Catonsville, Md.,
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ensley.
14. MOTHER'S MAIDEN NAME: Elizabeth
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: John H. Taylor. ADDRESS: 1524 Harlem Ave.,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 442 X	(A) Hypertensive Type Heart Disease	3/20/50 to 4/5/50
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Hypertension	
DUE TO		
	(C) Chr. Nephritis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	none	

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: no
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 6 1950 (A.M.)
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 20 *19*50, *to* April 5, *19*50, *that I last saw the deceased alive on* April 5 *19*50, *and that death occurred at* 4:20 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Evan D. Bikes M. D.
23B. ADDRESS: 601 N. Calhoun St.
23C. DATE SIGNED: April 8, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 10, 1950
24C. NAME OF CEMETERY OR CREMATORY: Western Star
24D. LOCATION (City, town, or county) (State): Catonsville Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Mrs Katie R Williams Schroeder
ADDRESS: 322 N

VS 150

121a

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2.00

BIRTH NO. 50 3308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3308

1. NAME OF DECEASED (Type or Print): FREDERICKA (Freda) Pischke

2. DATE OF DEATH: 4-8-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 13 ALTO
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore 44 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 21-02
D. STREET ADDRESS (If rural, give location): 628 Wyeth Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 19-1865 (?)
9. AGE (In years last birthday): 84
If Under 1 Year: Months 4 Days 20
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY: ✓

13. FATHER'S NAME: Frank
14. MOTHER'S MAIDEN NAME: Carrie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records: Baltimore City Hospitals, 4940 Eastern Ave. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

490 X

(A) Lobar Pneumonia, left lung

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: Generalized Arteriosclerosis

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ X NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-29- *, 19*45 *, to* 4-8- *, 19*50 *that I last saw the deceased alive on* 4-8- *, 19*50 *, and that death occurred at* 7.10 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: J. S. Vogen M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 4-8-1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/10/50
24C. NAME OF CEMETERY OR CREMATORY: Western
24D. LOCATION (City, town, or county) (State): Edmondson Ave

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE:
26. FUNERAL DIRECTOR: Geo H. Leimbach
ADDRESS: 1-25 N. Lynchburg St.

VS 150

108

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-400

50 3309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 50 3309

BIRTH NO. 50 3309 B.C. 50-07577

1. NAME OF DECEASED (Type or Print): Baby Girl Kelly

2. DATE OF DEATH: 4-9-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland Union Memorial Hosp
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. 3 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore 5300
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Baltimore~~ RANDALLSTOWN.
D. STREET ADDRESS (If rural, give location):

44

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 4-6-50
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 3; If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): New Born
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md., U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Leonard R. Kelly
14. MOTHER'S MAIDEN NAME: Eva Vaughn
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: W. F. Stengel, MD. ADDRESS: Baltimore, Md.

MEDICAL CERTIFICATION

18. 754.4

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Anoxia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

(B) Cyanotic Congenital Heart Disease — 3 days

DUE TO

(C) Multiple Congenital Defects [Mongol Type] — 3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: x
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6, 1950, to 4-9, 1950, that I last saw the deceased alive on 4-9, 1950, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE: William F. Stengel M. D.
23B. ADDRESS: Union Memorial Hosp.
23C. DATE SIGNED: 4-9-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-11-50
24C. NAME OF CEMETERY OR CREMATORY: Old Oakland
24D. LOCATION (City, town, or county) (State): Mt. Oakland Mills, Howard, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: C. Harry Weer ADDRESS: Sykesville, Md.

VS 150

157E

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

365

50 3310

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3310

Registered No.

1. NAME OF DECEASED (Type or Print): JOHN BATRIN

2. DATE OF DEATH: Apr. 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4215 Kolb Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-01
D. STREET ADDRESS (If rural, give location): 4215 Kolb Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 5, 1880
9. AGE (In years last birthday): 69 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Coast Guard
11. BIRTHPLACE (State or foreign country): Czechsolvaki
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: (Unknown) Batrin
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Suzanna Batrin, 4215 Kolb Ave. ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

18. 420.0

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease — 15 yr.

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bronchial Asthma — 10 yr.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 11, 1948, to April 8, 1950, that I last saw the deceased alive on April 8, 1950, and that death occurred at 4:30 m., from the causes and on the date stated above.

23A. SIGNATURE: Adam Stross M. D.
23B. ADDRESS: 6232 Belair Rd
23C. DATE SIGNED: April 8, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/11/50
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart
24D. LOCATION (City, town, or county) (State): Baltimore County, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Washington Williams
25. FUNERAL DIRECTOR: William Rohr
ADDRESS: 1217 St Paul St

VS 150

988 96

93D

660

50 3311

BIRTH NO. 50 3311

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3311

1. NAME OF DECEASED (Type or Print): MOLLIE L. DRUERY

2. DATE OF DEATH: April 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 448 Illchester Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-03
D. STREET ADDRESS (If rural, give location): 448 Illchester Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 12, 1872
9. AGE (In years last birthday): 77
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore County, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William H, Sanders
14. MOTHER'S MAIDEN NAME: Sarah Chilcoate

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Wm T. Druery, ADDRESS: 448 Illchester Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

DUE TO

(B) Hypertensive Cardiovascular Disease — 5 YRS

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 4, 1950, *to* April 7, 1950, *that I last saw the deceased alive on* April 6, 1950, *and that death occurred at* 9:00 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Lloyd E. Saylor M.D.
23B. ADDRESS: 3902 Greenmount Ave.
23C. DATE SIGNED: April 7, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/11/50
24C. NAME OF CEMETERY OR CREMATORY: Meadow Ridge Memorial
24D. LOCATION (City, town, or county) (State): Dorsey, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Welhorn, Col. Inc.
ADDRESS: 1211 St Paul St

VS 150

93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-650

50 3312

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3312

Registered No.

1. NAME OF DECEASED (Type or Print): SARAH ANN BROWN

2. DATE OF DEATH: 4-9-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSP.
C. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO. 9-02
D. STREET ADDRESS (If rural, give location): 3450 HILLEN ROAD

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: 1876
9. AGE (In years last birthday): 73
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN H. ROBERTS
14. MOTHER'S MAIDEN NAME: MARGARET NORRIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital Records
ADDRESS:

MEDICAL CERTIFICATION

18. 443 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBRO-VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 17 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE CARDIO-VASCULAR DISEASE — 20 yrs.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-8, 1950, *to* 4-9, 1950, *that I last saw the deceased alive on* 4-9, 1950, *and that death occurred at* 10 25 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: Geo. W. Norris M. D.
23B. ADDRESS: Mercy Hosp.
23C. DATE SIGNED: 4-9-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/12/50
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): Eastern Ave. Extended

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 1217 St. Paul St.

VS 150

93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

26 To be approved by Med Examiner.

50 3313

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 50 3313

Registered No.

1. NAME OF DECEASED (Type or Print): Christine Parker

2. DATE OF DEATH: 4/9/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore: Unknown (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Windsor 5600
D. STREET ADDRESS (If rural, give location): ^

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 6, 1870
9. AGE (In years last birthday): 79
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Fredrich Hazel
14. MOTHER'S MAIDEN NAME: Katherine Wertzberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Arthur Barton, ADDRESS: New Windsor, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

DUE TO

(B) Senility

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Fracture of left femur

CERTIFICATION APPROVED BY
H. J. McClafferty
for: C. J. Lubinski, M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION: 2/5/50
19B. MAJOR FINDINGS OF OPERATION: Fracture left hip
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): New Windsor, Maryland
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): February 3, 1950 m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Slipped and fell to the floor

22. *I hereby certify that I attended the deceased from* 2/4, 1950 *to* 4/9, 1950 *that I last saw the deceased alive on* 4/9, 1950 *and that death occurred at* 3 30 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: E. C. Cerasuolo M. D.
23B. ADDRESS: Maryland Gen Hosp
23C. DATE SIGNED: 4/9

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/12/50
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Mt. Olivet
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm Bok Inc, ADDRESS: 1217 St. Paul St.

VS 150
N-820.1

186a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

460

50 3314

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3314

Registered No.

1. NAME OF DECEASED (Type or Print): Philip Mueller (Philip)

2. DATE OF DEATH: 4-7-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jenkins Memorial
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto Maryland
D. STREET ADDRESS (If rural, give location): 1002 Somerset St 10-01

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 5-9-1864
9. AGE (In years last birthday): 85
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Adam Mueller
14. MOTHER'S MAIDEN NAME: Mary Heil

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Theresa M. Voelker
ADDRESS: 1002 Somerset St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIOSCLEROTIC HYPERTENSIVE CARDIOVASCULAR DISEASE

DUE TO

(B) HYPOSTATIC PNEUMONIA

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I last saw the deceased alive on* —, 19__, *and that death occurred at* 10:40 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: John B. Shaw M. D.
23B. ADDRESS: 1100 Agnes Nat.
23C. DATE SIGNED: 4/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/11/50
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Inez Taylor Williams
25. FUNERAL DIRECTOR: H. W. Meakins & Son
ADDRESS: 502 N. Calvert

VS 150

937

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2 60
50 3315

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3315

1. NAME OF DECEASED (Type or Print): ERNEST JAMES FISHER

2. DATE OF DEATH: April 5, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore General Hosp.
C. Length of stay in Baltimore: 2 weeks (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 16-08
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3916 Glenhunt Road

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 16,1911
9. AGE (In years last birthday): 38 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Social Security Office
11. BIRTHPLACE (State or foreign country): Vermont
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: -----Fisher
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Florence V.Fisher,3916 Glenhunt Rd. — ADDRESS

MEDICAL CERTIFICATION

18. E974X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Asphyxia
DUE TO hanging

ANTECEDENT CAUSES
(B)
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3916 Glenhunt Road
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 5, 1950 App. 1 P. m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Hanged self by clothes line from steel rafter in basement

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [ ], *suicide* [X], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: B H Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 4-6-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 4/10/50
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State): Winooski Vermont

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Charles Fox Williams, M.D.
25. FUNERAL DIRECTOR: Harry H. Leitzke — ADDRESS: 4101 Edmondson Ave.

VS 151

N-991X 26697 164a

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

425

Khassen

50 3316

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3316

Registered No.

1. NAME OF DECEASED (Type or Print): Miss Margaret Khassen

2. DATE OF DEATH: 4-9-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospital
C. Length of stay in Baltimore: 64 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-04
D. STREET ADDRESS (If rural, give location): 2107 W Baltimore St.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 8-18-1885
9. AGE (In years last birthday): 64
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): Balto.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ADOLPH. KHASSEN.
14. MOTHER'S MAIDEN NAME: ELIZABETH FERSCH.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ADOLPH. F KHASSEN
ADDRESS: 823 WASHINGTON Blvd

MEDICAL CERTIFICATION

18. 572.2

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Infarction

DUE TO

(B) Phlebothrombosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ulcerative Colitis

19A. DATE OF OPERATION: 3-4-50 Colectomy
19B. MAJOR FINDINGS OF OPERATION: Ulcerative Colitis
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-22, 1949, *to* 4-9, 1950 *that I last saw the deceased alive on* 4-9, 1950, *and that death occurred at* 18 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Frank A. Fasano M. D.
23B. ADDRESS: Bon Secours Hospital
23C. DATE SIGNED: 4/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIED
24B. DATE: 4-12-1950
24C. NAME OF CEMETERY OR CREMATORY: HOLY CROSS CEM
24D. LOCATION (City, town, or county) (State): A A Co. MD

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Thurlis Gordon Williams
25. FUNERAL DIRECTOR: Bernard C. Hurle
ADDRESS: 1311 E West St

VS 150

100 B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

256
50 3317
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3317

1. NAME OF DECEASED (Type or Print): Edward A. Wagner
2. DATE OF DEATH: April 7, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland 620 N. Maderia St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):
C. Length of stay in Baltimore: 60 yrs. (Yrs. Mos. Days)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 620 N. Maderia St.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. Md. 7-03
D. STREET ADDRESS (If rural, give location): 620 N. Maderia St.
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 27, 1869
9. AGE (In years last birthday): 80
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker
10B. KIND OF BUSINESS OR INDUSTRY: Hoesters Bakery
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Paul Wagner
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ---
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis - generalized ?

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

331 X

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct. 1949 *to* April 7, 1950, *that I last saw the deceased alive on* April 7, 1950, *and that death occurred at* 11:45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: L. F. Klives M. D.
23B. ADDRESS: 2623 E. Monument St
23C. DATE SIGNED: 4/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 11/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Lillington Williams, M.D.
25. FUNERAL DIRECTOR: Philip Stonigsard
ADDRESS: 2024 Orleans St.

VS 150

83a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

162

50 3318

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3318

Registered No.

1. NAME OF DECEASED (Type or Print): William Luebbers

2. DATE OF DEATH: Apr. 9 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 306 Brooklyn Rd.
C. Length of stay in Baltimore: 40 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: —
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-12
D. STREET ADDRESS (If rural, give location): 306 Brooklyn Rd

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug 24 1876
9. AGE (In years last birthday): 73 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (State or foreign country): Luebeck Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: —
14. MOTHER'S MAIDEN NAME: —
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Wm E. R. Luebbers — ADDRESS: Same

MEDICAL CERTIFICATION

18. 581.1 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the disease of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(a1) Ruptured Oesophageal varice due to (a2) Cirrhosis liver, (Laennec's) — INTERVAL BETWEEN ONSET AND DEATH: (a1) - 6 mos; (a2) - 6 mos

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: Multiple Cysts, Lung — Years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1948, to April 9, 1950, that I last saw the deceased alive on April 8, 1950, and that death occurred at 12.30 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Newland Edward Day M. D.
23B. ADDRESS: 4-E-33rd St -18
23C. DATE SIGNED: April 10, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 11 1950
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25. FUNERAL DIRECTOR: Henry R. Jenkins & Sons
ADDRESS: 49 W. York St

VS 150

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124a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Dearborn Day
4 E. 38th St.

610
50 3319

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3319
Registered No.

1. NAME OF DECEASED (Type or Print): Mrs Mary A. Garvey

2. DATE OF DEATH: 4-7-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: 63 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-07
D. STREET ADDRESS (If rural, give location): 3330. Old Frederick Road

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 9-2-1868
9. AGE (In years last birthday): 81. If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.
10B. KIND OF BUSINESS OR INDUSTRY: Own Home.
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Michael Higgins
14. MOTHER'S MAIDEN NAME: Ann Higgins.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no.
(If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: none.
17. INFORMANT: James F. Garvey
ADDRESS: 501-N. Rolling Road.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 420.1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DIABETES MELLITUS

DUE TO

(C) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/7, 1950, *to* 4/7, 1950, *that I last saw the deceased alive on* 4/7, 1950, *and that death occurred at* 11:40 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: John H. Shaw M. D.
23B. ADDRESS: St. Agnes Hosp.
23C. DATE SIGNED: 4/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24B. DATE: April 11-50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Charles J. Schwab
ADDRESS: 3512-Frederick Ave.

VS 150

61

530

50 3320

BIRTH NO. 50 3320

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Lillie Hunt

2. DATE OF DEATH: April 7 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 E. Ware St.
C. Length of stay in Baltimore: 28 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5 E. Ware St 12-06

5. SEX: F.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: May 2, 1902
9. AGE (In years last birthday): 48 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Widow
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clarksville Va.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: Anna Terry
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Anna May Chase — ADDRESS: 1220 W Lexington

MEDICAL CERTIFICATION

18. 590 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 8 days.

DUE TO

ANTECEDENT CAUSES

(B) acute Nephritis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1950, to Apr 7, 1950, that I last saw the deceased alive on Apr 9, 1950, and that death occurred at 2 a m., from the causes and on the date stated above.

23A. SIGNATURE: Louis Johnson M. D.
23B. ADDRESS: 2529 George St.
23C. DATE SIGNED: Apr 10-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 10/50
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Henderson N. C.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Mrs. Robert A. Elliott & Daughter — ADDRESS: 1129 N. Carrollse St.

VS 150

130

1320

50 3321

J L - 136251

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3321

Registered No.

1. NAME OF DECEASED (Type or Print): Hattie Foots

2. DATE OF DEATH: 4-7-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
c. Length of stay in Baltimore: 8 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 4-02
D. STREET ADDRESS (If rural, give location): 620 W. Saratoga St.

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 12, 1918
9. AGE (In years last birthday): 31 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N. C.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Alec Patterson
14. MOTHER'S MAIDEN NAME: Hattie McNeil
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: B. C. H. Records, 4940 Eastern Ave. ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

171X

(A) Pulmonary Edema

DUE TO

(B) Left Hydronephrosis

DUE TO

(C) Carcinoma of the Cervix with metastases

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 3-10-50
19B. MAJOR FINDINGS OF OPERATION: Chordotomy
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-2-50, 19__, *to* April 7, 1950, *that I last saw the deceased alive on* April 7, 1950 *and that death occurred at* 5 AM *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 4-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 11/50
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem
24D. LOCATION (City, town, or county) (State): A A County Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Christopher Williams Jr
25. FUNERAL DIRECTOR: Mrs Robert G. Elliott Dgt
ADDRESS: 48a 1129 N. Carlin

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

420

50 3322

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 50 3322

1. NAME OF DECEASED (Type or Print): Gawlik, Casimer

2. DATE OF DEATH: April 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location): St. Joseph's
C. Length of stay in Baltimore: 57 yr. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Baltimore~~ Dundalk
D. STREET ADDRESS (If rural, give location): North Point Rd. & Wise Ave.

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3/4/1883
9. AGE (In years last birthday): 67 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern Keeper
10B. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. 420.0

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Arteriosclerotic Heart disease.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 8, 1950, *to* April 8, 1950 *that I last saw the deceased alive on* April 8, 1950, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: William D. Rule M. D.
23B. ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: Apr. 8, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-12-50
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Thurlington Montgomery
25. FUNERAL DIRECTOR: Lilly & Zeiler
ADDRESS: 4038 Wolfe St

VS 150

15671

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3/4/1883

H 540

50 3323 BL - 66330

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 50 3323

1. NAME OF DECEASED (Type or Print): Edward Hammel

2. DATE OF DEATH: 4-8-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Baltimore~~ Dundalk 52
D. STREET ADDRESS (If rural, give location): 46 Shipway - Dundalk

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid.
8. DATE OF BIRTH: Nov. 3, 1879
9. AGE (In years last birthday): 70 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HARNESS MAKER
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Hammel
14. MOTHER'S MAIDEN NAME: Louise
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: B. C. H. Records, 4940 Eastern Ave. (ADDRESS)

MEDICAL CERTIFICATION

18. 154X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Rectum

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2-21-50
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Rectum
20. AUTOPSY? YES [No] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-26-41, 19__, *to* April 8, 19 50 *that I last saw the deceased alive on* April 8, 19 50 *and that death occurred at* 5.10 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: P. S. Rozen M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 4-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4/11/50
24C. NAME OF CEMETERY OR CREMATORY: WESTERN CEM.
24D. LOCATION (City, town, or county) (State): BALTIMORE, MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Thurlington Williams
25. FUNERAL DIRECTOR: WILLY & ZEILER INC. (ADDRESS) BALTO.

VS 150

49622

46 D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

456

50 3324

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3324

1. NAME OF DECEASED (Type or Print): VITO DELEONARDO

2. DATE OF DEATH: April 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): John Hopkins Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6-04
D. STREET ADDRESS (If rural, give location): 1923 E. Fairmount Avenue

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Dec. 6, 1943
9. AGE (In years last birthday): 6
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John T. DeLeonardo
14. MOTHER'S MAIDEN NAME: Juniato Locke
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: John T. DeLeonardo
ADDRESS: 1723 Regester St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. E919.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gunshot wound of chest

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1923 E. Fairmount Avenue 6/4
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 7, 1950 6.00 p.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Apparently shot self while playing with gun

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [X], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X]
ASSISTANT MEDICAL EXAMINER [ ]
MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: April 8, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/10/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Belair Rd

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Clarence E. Hoffmann
ADDRESS: 1639 Broadway

VS 151

N-862.4

184

400

CERTIFICATE CORRECTED 4-17-50

BIRTH NO. 50 3325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3325

1. NAME OF DECEASED (Type or Print): Louis M. Blei

2. DATE OF DEATH: April 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1101 Steelton Ave,
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-06
D. STREET ADDRESS (If rural, give location): 1101 Steelton Ave.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 3, ~~1872~~ 1875
9. AGE (In years last birthday): ~~77~~ 74
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Retired
10B. KIND OF BUSINESS OR INDUSTRY: City of Baltimore
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: not known
14. MOTHER'S MAIDEN NAME: not known
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Augusta B. Blei
ADDRESS: 1101 Steelton Ave.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic C.V. Disease — 9-12-49

DUE TO

ANTECEDENT CAUSES

(B) Myocardial Failure — 4-3-50

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Acute Coronary Occlusion — 4-6-50

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): None
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): None
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): None

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* 9-12, 1949, *to* 4-9, 1950, *that I last saw the deceased alive on* 4-8, 1950, *and that death occurred at* 4:20 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: E. Schimunek M. D.
23B. ADDRESS: 842 S East Ave
23C. DATE SIGNED: 4-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/12/50
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): 7225 Eastern Ave.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Clarence F. Hoffmann
ADDRESS: 1639 Broadway.

VS 150

98898

93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

pr. Lehrmitteln

600

50 3326

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3326

1. NAME OF DECEASED (Type or Print): Earl Myers Frye

2. DATE OF DEATH: April 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1812 Eutaw Place
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-03
D. STREET ADDRESS (If rural, give location): 1812 Eutaw Place

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 28, 1909
9. AGE (In years last birthday): 40
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk
10B. KIND OF BUSINESS OR INDUSTRY: cold storage
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Irvin E. Frye
14. MOTHER'S MAIDEN NAME: Bessie E. Myers ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 162-07-5327
17. INFORMANT: Mrs. Goldie E. Frye
ADDRESS: 1812 Eutaw Place

MEDICAL CERTIFICATION

18. 416 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Wm. H. Kammer, M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: April 9, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/12/50
24C. NAME OF CEMETERY OR CREMATORY: Florin Cem.
24D. LOCATION (City, town, or county) (State): Florin, Pa.

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE: Registrar for Baltimore, Md.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Reisterstown Md.

APR 10 1950

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95B ✓

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

500

50 3327

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 50 3327

Registered No.

1. NAME OF DECEASED (Type or Print): Joe Louise Reaney

2. DATE OF DEATH: April 7, 1950

3. PLACE OF DEATH
A. Baltimore City, Maryland: Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gillen Lukens The Home for the Aged
c. Length of stay in Baltimore: 60 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 3800 Coolidge Ave.

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: July 13, 1878
9. AGE (In years last birthday): 71
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10B. KIND OF BUSINESS OR INDUSTRY: Pawnbrokers
11. BIRTHPLACE (State or foreign country): Wash., D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Louis Pollman
14. MOTHER'S MAIDEN NAME: Mary Frances McAdow

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Helen R. Mahan
ADDRESS: 506 E. 42nd St.

MEDICAL CERTIFICATION

18. 331 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

(B) Arterio Sclerosis — 5 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 3, 1950, to April 7, 1950, that I last saw the deceased alive on April 7, 1950, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE: E. Gill Hall M.D.
23B. ADDRESS: 1631 E. North Ave
23C. DATE SIGNED: April 8 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/11/50
24C. NAME OF CEMETERY OR CREMATORY: Balto. Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Wm. J. Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto Md

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50 3328

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3328

1. NAME OF DECEASED (Type or Print): William Henry Dearing

2. DATE OF DEATH: 4-8-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore: life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-03
D. STREET ADDRESS (If rural, give location): 1200 Lakeside Avenue

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 6-2-1897
9. AGE (In years last birthday): 52 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Designer
10B. KIND OF BUSINESS OR INDUSTRY: Gas & Elec.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Dearing
14. MOTHER'S MAIDEN NAME: Emma Lang

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-07-4929
17. INFORMANT: Mrs. Catherine Gundersdorf ADDRESS: 1200 Lakeside Av

MEDICAL CERTIFICATION

18. 420.0

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intraventricular heartblok — INTERVAL BETWEEN ONSET AND DEATH: 3-31-50

DUE TO

Congestive heart failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary insufficiency — unknown

DUE TO

(C) Arteriosclerotic heart disease — unknown

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

anemia

19A. DATE OF OPERATION: x
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-31, 1950, *to* 4-8, 1950 *that I last saw the deceased alive on* 4-8, 1950, *and that death occurred at* 9:30 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: Marguerite Louise Cudlip M. D.
23B. ADDRESS: Md General Hosp
23C. DATE SIGNED: 4-8

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/11/50
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm. J. Lackey & Sons
ADDRESS: Balto Md.

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

350
50 3329

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3329
Registered No.

1. NAME OF DECEASED (Type or Print): ELIZABETH MADELINE RODENHI

2. DATE OF DEATH: April 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 0 782 W. Hamburg St.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 21-01
D. STREET ADDRESS (If rural, give location): 782 W. Hamburg St.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: July 31, 1870
9. AGE (In years last birthday): 79
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): never employed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Thomas S. Rodenhi
14. MOTHER'S MAIDEN NAME: M. Louise Keifel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Miss A. Louise Rodenhi
ADDRESS: 782 W. Hamburg St

MEDICAL CERTIFICATION

18. 4 20.0

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart — INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO

(B) Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-13, 1949, *to* 4-8, 1950, *that I last saw the deceased alive on* 4-7, 1950 *and that death occurred at* 6:00 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: John P. Uelsch, Jr. M. D.
23B. ADDRESS: 1227 Wash. Blv'd
23C. DATE SIGNED: 4-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/11/50
24C. NAME OF CEMETERY OR CREMATORY: Western Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto Md.

VS 150

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93

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

430

CERTIFICATE CORRECTED 4-18-50

50 3330
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3330

1. NAME OF DECEASED (Type or Print): HARRY E. AULD

2. DATE OF DEATH: April 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 106 W. University Pkwy
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-01
D. STREET ADDRESS (If rural, give location): 106 W. University Pkwy.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 27, 1882
9. AGE (In years last birthday): 67 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Optometrist (rtd)
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edwin C. Auld
14. MOTHER'S MAIDEN NAME: Mary Emma Shields

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Helen C. Auld — ADDRESS: 106 W. University Pkw

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Paget's Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 years

DUE TO

ANTECEDENT CAUSES

(B) — over

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1949, *to* April 8, 1950, *that I last saw the deceased alive on* April 7, 1950, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Francis W. Sluck M. D.
23B. ADDRESS: 3406 St Paul St 18
23C. DATE SIGNED: 4/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/10/50
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Baltimore Md.

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Bone. Letter in document file 50-3330 - 5/4/50.

246 To be approved by Medical Examiner's Office

50 3331
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3331

1. NAME OF DECEASED (Type or Print): Clarence Edward Ziegler

2. DATE OF DEATH: April 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days: Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland, B. COUNTY: Baltimore
C. CITY OR TOWN. (If outside corporate limits, write RURAL and give township): Baltimore 13-06
D. STREET ADDRESS. (If rural, give location): 3518 Hickory Ave.

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 1, 1887
9. AGE (In years last birthday): 62 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardiner
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? United State
13. FATHER'S NAME: George Ziegler
14. MOTHER'S MAIDEN NAME: Maggie Chesterfield
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Emma M. Ziegler — ADDRESS: 3519 Hickory Avenue

MEDICAL CERTIFICATION

18. E900.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intracranial Hemorrhage — 4 hours
DUE TO
due to skull Fracture
(B) Fall down stairs — 4 hours
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY
R. J. McClafferty M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION: April 8, 1950
19B. MAJOR FINDINGS OF OPERATION: Intracranial Hemorrhage
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3518 Hickory Ave., Baltimo
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 8, 1950 2:00 P.m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Slipped and fell down stairs 13/6 Accidental Fall

22. I hereby certify that I attended the deceased from April 8, 19__, to April 8, 1950, that I last saw the deceased alive on April 8, 1950, and that death occurred at 6 12 P.m., from the causes and on the date stated above.

23A. SIGNATURE: Paul E. Hodson M.D. M. D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: 4-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 11-1950
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Baltimore Co. Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Henrietta Hollinger
25. FUNERAL DIRECTOR: Burgee Funeral Home
ADDRESS: 3631 Pelham Road

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50 3332

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3332

Registered No.

1. NAME OF DECEASED (Type or Print): Arthur G. Heffery

2. DATE OF DEATH: 4-7-50

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-18

D. STREET ADDRESS (If rural, give location): 3731 Garrison Avenue

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 25-1895

9. AGE (In years last birthday): 54

If Under 1 Year: Months: Days:

If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10B. KIND OF BUSINESS OR INDUSTRY: School Board

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Heffery

14. MOTHER'S MAIDEN NAME: Mary Bull

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs. Charlotte Burgee ADDRESS: 3731 Garrison Ave.

MEDICAL CERTIFICATION

18. 331 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intracerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-26, 1950 *to* 4-7, 1950, *that I last saw the deceased alive on* 4-7, 1950, *and that death occurred at* 7:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: William J. Holloway M. O.

23B. ADDRESS: University Hospital

23C. DATE SIGNED: 4-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: April 10-1950

24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park

24D. LOCATION (City, town, or county) (State): Baltimore Co. Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: Burgee Funeral Home ADDRESS: 3631 Falls Road

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

342

50 3333

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3333

Registered No.

1. NAME OF DECEASED (Type or Print): ANTON MATELIS

2. DATE OF DEATH: April 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1339 James St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —
C. Length of stay in Baltimore: 44 Yrs. ~~Mos. Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore (23) 21-02
D. STREET ADDRESS (If rural, give location): 1339 James Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 10, 1886
9. AGE (In years last birthday): 64 — If Under 1 Year: Months 1, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10B. KIND OF BUSINESS OR INDUSTRY: Clothing
11. BIRTHPLACE (State or foreign country): Lithuania
12. CITIZEN OF WHAT COUNTRY? Yes.
13. FATHER'S NAME: ? Matelis
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 212-07-6646
17. INFORMANT: Olga M. Uelock — ADDRESS: 1227 Wash Blvd

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Anterior Coronary Thrombosis — 3 years

DUE TO

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Posterior Coronary Thrombosis — 2 years.

DUE TO

(C) Coronary Artery Disease — 3 years.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 22, 1947, *to* April 9, 1950, *that I last saw the deceased alive on* April 9, 1950, *and that death occurred at* 9:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: John P. Uelock, Jr. M. D.
23B. ADDRESS: 1227 Washington Blvd
23C. DATE SIGNED: 4-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 12-50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Frederick Co Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Christopher Williams, M.D.
25. FUNERAL DIRECTOR: Joseph Rasinskas Inc. — ADDRESS: 602 Wash

VS 150

36006 94a Bto

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4 16

50 3334

X 50 3334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lillian Glover

2. DATE OF DEATH: APR. 7 - 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore - Dundalk.
D. STREET ADDRESS (If rural, give location): 115 Central Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-10-14
9. AGE (In years last birthday): 36 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sparrows Point, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Wm. H. Humphrey
14. MOTHER'S MAIDEN NAME: Alice E. Mitchell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic pyelonephritis

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive Cardiovascular disease

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-24, 1950, *to* 4-7-, 1950, *that I last saw the deceased alive on* 4-7-, 1950, *and that death occurred at* 11:30 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Walter L. Ann M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 11, 1950
24C. NAME OF CEMETERY OR CREMATORY: First United Evangelical
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Huntington Williams
25. FUNERAL DIRECTOR: Roland L. Fisher, 3112 Dundalk Ave

VS 150

931

PLEASE WRITE PLAINLY, WITH INDELIBLE INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Zimmerman
2858 Harford Rd

H-600

50 3335

BIRTH NO. 50-01290

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3335

1. NAME OF DECEASED (Type or Print): DOUGLAS WAYNE HEER

2. DATE OF DEATH: 4/9/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3617 Gittings Ave
C. Length of stay in Baltimore: — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-34
D. STREET ADDRESS (If rural, give location): 3617 Gittings Ave

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1/11/50
9. AGE (In years last birthday): If Under 1 Year: Months 3; Days; If Under 24 Hours: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Melvin L. Heer
14. MOTHER'S MAIDEN NAME: Elsie F. Herzing

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Melvin L. Heer ADDRESS: 3617 Gittings Ave

MEDICAL CERTIFICATION

18. 751 X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Multiple Congenital Anomalies — INTERVAL BETWEEN ONSET AND DEATH: 3 months

DUE TO Hydrocephalus, Spina Bifida, Dextrocardia etc.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1950, *to* Apr., 1950, *that I last saw the deceased alive on* April 8, 1950, *and that death occurred at* 6:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Loy M. Zimmerman M. D.
23B. ADDRESS: 2858 Harford Rd
23C. DATE SIGNED: Apr. 9, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/10/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Pk Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Lillian Williams
25. FUNERAL DIRECTOR: Leonard J. Ruck ADDRESS: 5305 Harford Rd

VS 150

3335

157a

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Stevens

252

50 3336

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3336

Registered No.

1. NAME OF DECEASED (Type or Print): George William Maugans Sr.

2. DATE OF DEATH: Apr. 6-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3441 Lyndale Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 8-01
D. STREET ADDRESS (If rural, give location): 3441 Lyndale Avenue

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 27-1879
9. AGE (In years last birthday): 70
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Night Watchman-
10B. KIND OF BUSINESS OR INDUSTRY: Drygoods
11. BIRTHPLACE (State or foreign country): Hagerstown - Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin Amos Maugans
14. MOTHER'S MAIDEN NAME: Margaret Wampler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-09-0062
17. INFORMANT: Mrs. Nettie S. Maugans
ADDRESS: 3441 Lyndale

MEDICAL CERTIFICATION

18. 442 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-Vascular renal disease

DUE TO

(B) & Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1949, *to* April 6, 1950, *that I last saw the deceased alive on* April 5, 1950 *and that death occurred at* 8:01 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: H B Stevens M. D.
23B. ADDRESS: 3400 Erdman Ave
23C. DATE SIGNED: 4/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-10-50
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Leonard J. Ruck
ADDRESS: 5305 Harford Rd.

VS 150

60205

131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

431

50 3337

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3337

Registered No.

1. NAME OF DECEASED (Type or Print): John Frederick Holdefer

2. DATE OF DEATH: 4/8/50 @ 10:35 AM.

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore: 43 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-06
D. STREET ADDRESS (If rural, give location): 3132 Harford Rd.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 31 - 1887
9. AGE (In years last birthday): 62
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic - Fire Dept.
10B. KIND OF BUSINESS OR INDUSTRY: City of Balto
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Holdefer
14. MOTHER'S MAIDEN NAME: Margaret Rumsuer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Ruth O. Noldefer
ADDRESS: 3132 Harford

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CEREBRAL HEMORRHAGE
DUE TO
(B) HYPERTENSIVE CARDIOVASCULAR DISEASE
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

443 X

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/3, 1950, *to* 4/8, 1950, *that I last saw the deceased alive on* 4/8, 1950, *and that death occurred at* 10:35 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Samuel B. Scalia M. D.
23B. ADDRESS: 1213 Light Street
23C. DATE SIGNED: 4/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-11-50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Lutington Williams, M.D.
25. FUNERAL DIRECTOR: L. J. Luck
ADDRESS: 5305 Harford Rd

VS 150

336 98

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-522

50 3338

BIRTH NO.

50 3338

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): TOMASZEWSKI Stanley

2. DATE OF DEATH: April 9-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8 — 9-08
D. STREET ADDRESS (If rural, give location): 648 Cokesbury Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sep 29-1913
9. AGE (In years last birthday): 36
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping clerk
10B. KIND OF BUSINESS OR INDUSTRY: Clothing
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Tomaszewski
14. MOTHER'S MAIDEN NAME: Josephine Polak.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-01-6319
17. INFORMANT: Netta L. Tomaszewski — ADDRESS: 648 Cokesbury St.

MEDICAL CERTIFICATION

18. 454 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple Emboli — INTERVAL BETWEEN ONSET AND DEATH: 2.24.50

DUE TO

(B) Coarctation of Aorta. — 4.9.50

DUE TO

(C) Desarticulation left upper limb

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 3.16.50
19B. MAJOR FINDINGS OF OPERATION: Gangrene left upper extremity
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2.24.50, 19__, *to* 4.9, 1950, *that I last saw the deceased alive on* 4.9, 1950, *and that death occurred at* 8.15 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: K Becker, M. D.
23B. ADDRESS: Sinai Hospital Baltimore
23C. DATE SIGNED: 4.9.50.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 12-1950
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Balto. City

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Wm. S. Fialkowski — ADDRESS: 2007 Eastern ave

VS 150

22606

99

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

+400
50 3339

BIRTH NO. 50-00904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3339

1. NAME OF DECEASED (Type or Print): ROBERT McKINLEY BEAL

2. DATE OF DEATH: April 5, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-07
D. STREET ADDRESS (If rural, give location): 1206 N. Gay Street

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Jan. 12, 1950
9. AGE (In years last birthday): If Under 1 Year: Months 2, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wallace Beal
14. MOTHER'S MAIDEN NAME: Lannie Rogers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 491 X
(A) Bronchopneumonia
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Carl L. Young M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: April 6, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/8/50
24C. NAME OF CEMETERY OR CREMATORY: Int. Cemetery
24D. LOCATION (City, town, or county) (State): Anne Arundel Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Robert L. Young
ADDRESS: 1532 E. Monument St

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

107a

250

50 3340

50 3340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph Alexander Jackson

2. DATE OF DEATH 4/6/50

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1420 McElderry St.

C. Length of stay in Baltimore Yrs. Mos. Days Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01

D. STREET ADDRESS (If rural, give location) 1420 McElderry St.

5. SEX Male

6. COLOR OR RACE Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Seperated

8. DATE OF BIRTH 2/22/1876

9. AGE (In years last birthday) 74

If Under 1 Year: Months Days

If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10B. KIND OF BUSINESS OR INDUSTRY Iron Foundary

11. BIRTHPLACE (State or foreign country) Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Samuel H. Jackson

14. MOTHER'S MAIDEN NAME Mary Elizabeth Cooper.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-18-0047

17. INFORMANT Alma Brown ADDRESS 1420 McElderry St

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 30 Mins.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension Cardio Vascular Disease — 2 yrs

DUE TO

(C) Aortic Insufficiency — 2 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Obesity, Chronic Nephritis, Arthritis, Fistula in Ano

19A. DATE OF OPERATION —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* July 1948 *, 19*50*, to* 4/6 *, 19*50*, that I last saw the deceased alive on* 4/6 *, 19*50*, and that death occurred at* 7:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE Ralph J. Young M. D.

23B. ADDRESS 1429 E. Monument St

23C. DATE SIGNED 4/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4/10/50

24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary

24D. LOCATION (City, town, or county) Anne Arundel Co. (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 10 1950

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Robert L. Young

ADDRESS 1532 E. Monument St

VS 150

98430

131a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-626
50 3341
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 50 3341

1. NAME OF DECEASED (Type or Print): Sarah Parker
2. DATE OF DEATH: April 9, 1950
3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 414 N. Stricker St.
C. Length of stay in Baltimore: 1 Mos.
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: West Virginia
B. COUNTY: V-45
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Martinsburg
D. STREET ADDRESS (If rural, give location): 203 Welch Street
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 10, 1892
9. AGE (In years last birthday): 57
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A
13. FATHER'S NAME: David Robinson
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Ellen Johnson
ADDRESS: 414 N. Stricker

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

DUE TO

(B) Hypertensive C-V Renal Dis. — 8 yrs

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/17, 1950, *to* 4/9, 1950, *that I last saw the deceased alive on* 4/9, 1950, *and that death occurred at* 8:30 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. Paxton Grant M. D.
23B. ADDRESS: 601 N. Carrollton
23C. DATE SIGNED: 4/10/50
24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-14-50
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Martinsburg, West Virginia
DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: Thurlington Timmons, M.D.
25. FUNERAL DIRECTOR: Mrs. Francis A. Hemsley
ADDRESS: 2 W. 13th St.

VS 150

131a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-543 B-19648

50 3342

BIRTH NO. 50 3342

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): John Reynolds

2. DATE OF DEATH: 4-8-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 920 Front Street 5-02

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb. 14- 1873
9. AGE (In years last birthday): 77
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECHANIC
10B. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph
14. MOTHER'S MAIDEN NAME: Elizabeth Reddin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records: Baltimore City Hospitals ADDRESS 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 443 X

(A) Hypertensive arteriosclerotic cardiovascular disease, decompensated

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Purulent Bronchitis
Nephrosclerosis

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-21- *, 19* 36 *, to* 4-8- *, 19* 50 *, that I last saw the deceased alive on* 4-8- *, 19* 50 *and that death occurred at* 9 AMm., *from the causes and on the date stated above.*

23A. SIGNATURE: H. Rogen M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 4-8-1950

24A. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial
24B. DATE: 4/11/50
24C. NAME OF CEMETERY ~~OR CREMATORY~~: New Cathedral
24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Wm Cook Inc
ADDRESS: 1217 St. Paul st.

VS 150

131a

1-630

50 3343

BIRTH NO. 50 3343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): MARY ROSANNA WARDE

2. DATE OF DEATH: APRIL 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FRANKLIN SQUARE HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

36

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 8-05
D. STREET ADDRESS (If rural, give location): 1706 E LAFAYETTE AVE

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED.
8. DATE OF BIRTH: August ~~April~~ 22, 1876
9. AGE (In years last birthday): 73
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCHOOLTEACHER.
10B. KIND OF BUSINESS OR INDUSTRY: Balto City
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WALTON BROWN BACK
14. MOTHER'S MAIDEN NAME: MATILDA MAXWELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): N
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: MRS JOHN M. WARDE
ADDRESS: SAME

MEDICAL CERTIFICATION

18. 332 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBRAL THROMBOSIS. — INTERVAL BETWEEN ONSET AND DEATH: 17 HRS.

DUE TO

(B) GENERALIZED ARTERIOSCLEROSIS. — NOT KNOWN.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) MYOCARDIAL INFARCT

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS, 10N - OLD. — NOT KNOWN.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APR. 9, 1950 *to* APR. 9, 1950 *that I last saw the deceased alive on* 9 APR, 1950, *and that death occurred at* 3:05 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: John W. Durand M. D.
23B. ADDRESS: FRANKLIN SQ. HOSP. BALT. MD.
23C. DATE SIGNED: APR. 9 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/12/50
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Cheverly Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: William [illegible] Inc
ADDRESS: [illegible]

VS 150

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61

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M 252
50 3344

50 3344

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): John Rush McComas

2. DATE OF DEATH: 4/8/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3514 Greenmount Ave
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 12-01
D. STREET ADDRESS (If rural, give location): 3514 Greenmount Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/28/1874
9. AGE (In years last birthday): 76
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Building Contractor
11. BIRTHPLACE (State or foreign country): Balto. Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. McComas
14. MOTHER'S MAIDEN NAME: Emma Dill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mamie K. McComas ADDRESS 3514 Greenmount Ave

MEDICAL CERTIFICATION

18. 422.1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Chronic Myocarditis

DUE TO

(B) Arteriosclerotic Cardiovascular Disease

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1940, to April 8, 1950, that I last saw the deceased alive on April 8, 1950, and that death occurred at 4:30 p m., from the causes and on the date stated above.

23A. SIGNATURE: Samuel B. Wolfe M. D.
23B. ADDRESS: 1331 E. Fleet Ave
23C. DATE SIGNED: 4-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/12/50
24C. NAME OF CEMETERY ~~OR CREMATORY~~: London Park
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY ~~LOCAL REGISTRAR~~: APR 10 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul St.

VS 150

93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V-635
50 3345

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 50 3345

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Isabel Delores Hortman

2. DATE OF DEATH: APR 9 - 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: O.
B. COUNTY: V-33
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Youngstown
D. STREET ADDRESS (If rural, give location): 474 W. Judson Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-18-05
9. AGE (In years last birthday): 45
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael Cavanough
14. MOTHER'S MAIDEN NAME: Nancy Knight

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS

MEDICAL CERTIFICATION

18. 223 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Brain tumor - Benign — 3 mos.

DUE TO

ANTECEDENT CAUSES

(B) over

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Respiratory failure — 2 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 4/8/50
19B. MAJOR FINDINGS OF OPERATION: Cerebral edema
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-2, 1950, *to* 4-9, 1950, *that I last saw the deceased alive on* 4-9, 1950 *and that death occurred at* 8:10 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Robert Fidler M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4/10/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 4/10/50
24C. NAME OF CEMETERY OR CREMATORY: Calvary
24D. LOCATION (City, town, or county) (State): Youngstown Ohio

DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Milhoan & Cook
ADDRESS: 1217 St Paul St

VS 150

56 D

22060-60

Letter in document file 50-3345. 5/31/50.

536

BIRTH NO. 50 3346

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3346

1. NAME OF DECEASED (Type or Print): Regina Elizabeth Gunther

2. DATE OF DEATH: April 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1913 Chelsea Rd.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-06
D. STREET ADDRESS (If rural, give location): 1913 Chelsea Road

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 13, 1869
9. AGE (in years last birthday): 80
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Dumler
14. MOTHER'S MAIDEN NAME: Elizabeth Dill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none

17. INFORMANT: Charles M. Gunther
ADDRESS: 1913 Chelsea Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) arteriosclerotic cardio-vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Herpes Zoster — 10 days

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-29, 1950 to 4-8, 1950, that I last saw the deceased alive on 4-7, 1950 and that death occurred at 9:05 A m., from the causes and on the date stated above.

23A. SIGNATURE: William J. Sullivan M. D.
23B. ADDRESS: 2911 Garrison Blvd
23C. DATE SIGNED: 4-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-11-1950
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: G. Howard Strong
ADDRESS: 3207 W. North Ave.,

VS 150

1310

Dr. Wm. J. Gallman
2911 Garrison Blvd.

400

50 3347

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3347

Registered No.

1. NAME OF DECEASED (Type or Print): Walter C. Bell

2. DATE OF DEATH: Apr. 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1742 W. North Ave.,
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-04
D. STREET ADDRESS (If rural, give location): 1742 W. North Ave.,

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan.24,1877
9. AGE (In years last birthday): 73
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Painter
10B. KIND OF BUSINESS OR INDUSTRY: Odd Jobs
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Bell
14. MOTHER'S MAIDEN NAME: Jane Beyers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowo) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Emma E. Bell
ADDRESS: 1742 W. North Ave.,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 y.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1950, to April 8 1950, 19__, that I last saw the deceased alive on April 8 1950, 19__, and that death occurred at 1030 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Harry J. Hourck M.D.
23B. ADDRESS: 1925 W. North Ave
23C. DATE SIGNED: 4/10/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-11-1950
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park.
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: G. Howard Strong
ADDRESS: 3207 W. North Ave.,

VS 150

340V9

93D

163

50 3348

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X

50 3348

Registered No.

1. NAME OF DECEASED (Type or Print): WILLIAM J. EBBERT

2. DATE OF DEATH: April 10-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SINAI HOSP.
C. Length of stay in Baltimore: ~~Yrs.~~ ~~Mos.~~ 19 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Uniontown
D. STREET ADDRESS (If rural, give location): Rural Union Bridge

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 10-17-70
9. AGE (In years last birthday): 79
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: by day
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: not known
14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): not
(If yes, give war or dates of service): never
16. SOCIAL SECURITY NO.: never
17. INFORMANT: Elizabeth Ebbert
ADDRESS:

MEDICAL CERTIFICATION

18. 420.0

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) HYPERTENSIVE AND ARTERIOSCLEROTIC HEART DISEASE

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CHRONIC RENAL INSUFFICIENCY — BRONCHO-PNUEMONIA
BENIGN HYPERTROPHY OF PROSTATE

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: NONE
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-22, 1950, *to* 4-10, 1950, *that I last saw the deceased alive on* 4-10, 1950, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Samuel Lerman M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 4-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Buried
24B. DATE: 4/13/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. View Cem.
24D. LOCATION (City, town, or county) (State): Union Bridge, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: W. D. Hartlept & Sons
ADDRESS: Union Bridge & New Windsor Md.

VS 150

93 D

correct age is especially important. Physicians, please write the causes of

-400 50 3349 DALE X 50 3349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 49-21227

1. NAME OF DECEASED (Type or Print): Dorothy Dale

2. DATE OF DEATH: 4-8-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hosp
C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Carvel Beach
D. STREET ADDRESS (If rural, give location): Box 312 5210

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 2-22-16
9. AGE (In years last birthday): 34
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? Smith
14. MOTHER'S MAIDEN NAME: Leroy Shores.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Oley Dale ADDRESS: as above

MEDICAL CERTIFICATION

18. 592X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — progressive for 6 years

DUE TO

(B) Chronic glomerulonephritis — ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Vascular hypertension 6 months ago

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6, 1950 to 4-8, 1950, that I last saw the deceased alive on 4-8, 1950, and that death occurred at 5:10 A m., from the causes and on the date stated above.

23A. SIGNATURE: Marguerite Louise Cadle M.D.
23B. ADDRESS: Md. General Hosp
23C. DATE SIGNED: 4-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4/11/50
24C. NAME OF CEMETERY OR CREMATORY: GLEN HAVEN CEM.
24D. LOCATION (City, town, or county) (State): ANNE ARUNDEL CO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: JOHN F. DENNY, INC.
ADDRESS: 715 LIGHT ST.

VS 150

131B

correct age is especially important. Physicians: please write the causes of

-600

50 3350

BIRTH NO. 50-07171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3350

Registered No.

1. NAME OF DECEASED (Type or Print): Gary Gray

2. DATE OF DEATH: APR 9 - 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-15
D. STREET ADDRESS (If rural, give location): 4407 Clydesdale Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 9, 1950
9. AGE (In years last birthday): If Under 1 Year: Months: Days: If Under 24 Hours: Hours: 15 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Francis Gray
14. MOTHER'S MAIDEN NAME: Mildred E. Grant

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS:

MEDICAL CERTIFICATION

18. 560.4

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Diaphragmatic Hernia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Operative Repair 24 hrs previously

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-8-, 19 50, *to* 4-9-, 19 50, *that I last saw the deceased alive on* 4-9-, 19 50, *and that death occurred at* 6:30 a *m., from the causes and on the date stated above.*

23A. SIGNATURE: James L. Gamble Jr. M.D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 10, 1950
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Paul C. Schwamberger Jr.
ADDRESS: 3615-17 Chestnut Ave.

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1579

correct age is especially important. Physicians: please write the causes of death clearly.

652

BARNES

50 3351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3351

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John Wesley Barnes.

2. DATE OF DEATH: April 10 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 151 S. Hilton St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore. 13-08
D. STREET ADDRESS (If rural, give location): 3711 Clipper Rd.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 2. 1890
9. AGE (In years last birthday): 59
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber.
10B. KIND OF BUSINESS OR INDUSTRY: Lloyd E. Mitchell
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Moses Barnes
14. MOTHER'S MAIDEN NAME: Florence Gosnell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Vida B. Phelps
ADDRESS: 151 S. Hilton St.

MEDICAL CERTIFICATION

18. 162 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 19 months

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Bronchoscopic Biopsy 8 May 1949
19B. MAJOR FINDINGS OF OPERATION: Bronchoscopic Gram - May 1949 - Neoplastic cells
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 8 May, 1949, *to* April 10, 1950, *that I last saw the deceased alive on* April 9, 1950, *and that death occurred at* 12:10 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Lester A. Wall Jr. M. D.
23B. ADDRESS: 2950 Edmondson Ave.
23C. DATE SIGNED: April 10 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 12, 1950
24C. NAME OF CEMETERY OR CREMATORY: Providence
24D. LOCATION (City, town, or county) (State): Finksburg, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Walter R. McNamee
ADDRESS: 4114 Falls Rd.

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AB-12 530 50 3352

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3352

1. NAME OF DECEASED (Type or Print): Alfred Smith

2. DATE OF DEATH: 4-6-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-01
D. STREET ADDRESS (If rural, give location): 1301 N Gilmore St. zone 17

5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 21-1896
9. AGE (In years last birthday): 53
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William J. Smith (D
14. MOTHER'S MAIDEN NAME: Mary Thomas (D

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Baltimore City Hospitals
ADDRESS: Record : 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. 493X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive Arteriosclerotic Cardio-Vascular Disease

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1- *, 1949, to* 4-6- *, 1950, that I last saw the deceased alive on* 4-6- *, 1950, and that death occurred at* 10.10 AM *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. S. Cozen M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 4-9-1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-13-50
24C. NAME OF CEMETERY OR CREMATORY: mt auburn
24D. LOCATION (City, town, or county) (State): md

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: George G. Nelson
ADDRESS: 1303 Prestman st

VS 150

988 V9 3 5 2 93D

correct age is especially important. Physicians: please write the cause of death

-422 Wilgis

BIRTH NO. 50 3353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3353

1. NAME OF DECEASED (Type or Print): Herman S. Wilgis

2. DATE OF DEATH: 4/10/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hosp.
C. Length of stay in Baltimore: 1 day (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Belair Maryland
B. COUNTY: Harford Co.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belair Maryland 6200
D. STREET ADDRESS (If rural, give location):

5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 17 1880
9. AGE (In years last birthday): 69
If Under 1 Year: Months 6 Days 10
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Stock Clerk
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harford Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John W Wilgis
14. MOTHER'S MAIDEN NAME: Florence V Watters

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Edna Wilgis ADDRESS: Belair Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Profound shock following — INTERVAL BETWEEN ONSET AND DEATH: 14 hours.

DUE TO

(B) the rupture of a dissecting

DUE TO

(C) aortic aneurysm.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/9, 1950, *to* 4/10, 1950, *that I last saw the deceased alive on* 4/10, 1950, *and that death occurred at* 7:50 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: E. A. Abrahams MD M. D.
23B. ADDRESS: County Hos.
23C. DATE SIGNED: 4/10/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/13/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery
24D. LOCATION (City, town, or county) (State): Fountain Green Harford Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Joseph T. Foster ADDRESS: Bel Air, Md.
~~1900 Bataw Pl. Balto. Md.~~

VS 150

26660

307

PLEASE WRITE PLAINLY, with BLACK INK. Physicians: please write the causes of death clearly and legibly; correct age is especially important.

#340

BIRTH NO. 50 3354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3354

1. NAME OF DECEASED (Type or Print): William Booth Settle

2. DATE OF DEATH: April 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hosp.
C. Length of stay in Baltimore: 45 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto. City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 13-02
D. STREET ADDRESS (If rural, give location): 700 Reservoir St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 29/1883
9. AGE (In years last birthday): 66
If Under 1 Year: Months 5 Days 8
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Leeds Cecil Co. Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John S Settle
14. MOTHER'S MAIDEN NAME: Alice Booth
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Nellie S Settle ADDRESS: 700 Reservoir St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Respiratory asphyxia due to — INTERVAL BETWEEN ONSET AND DEATH: do

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral edema following uremia

DUE TO

(C) & Arteriosclerotic cardiovascular disease

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

& congestive heart failure.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/5/50, 19__ *to* 4/8/50, 19__, *that I last saw the deceased alive on* 4/5/50, 19__, *and that death occurred at* 8:45 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: E. G. Abraham MD, M. D.
23B. ADDRESS: University Hosp.
23C. DATE SIGNED: 4/8/50.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/11/50
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24D. LOCATION (City, town, or county) (State): Woodlawn Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John T. Mitchell & Sons Inc.
ADDRESS: 1900 Eutaw Pl. Balto. Md.

VS 150

V2683

937

PLEASE WRITE PLAINLY, with INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

400

50 3355

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3355

Registered No.

1. NAME OF DECEASED (Type or Print): DANIEL YOWELL

2. DATE OF DEATH: APRIL 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1524 BALDWIN ST
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 13-08
D. STREET ADDRESS (If rural, give location): 1524 BALDWIN ST

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: JULY 10, 1867
9. AGE (In years last birthday): ABOUT-82
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED GARDNER.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VIRGINIA.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: WM. HEBERLE. ADDRESS: 3855-2 WARRY AVE

MEDICAL CERTIFICATION

18. 480 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: about 2da

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) La Grippe — 5 days

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerosis

19A. DATE OF OPERATION: ox
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/6/ *, 1950 to* 4/8/ *, 1950, that I last saw the deceased alive on* 4/6 *, 1950, and that death occurred at* 10:30 *A.m., from the causes and on the date stated above.*

23A. SIGNATURE: Jas. W. Murgatroyd M.D.
23B. ADDRESS: 401 E. 25th. St. City. 18.
23C. DATE SIGNED: 4/10/50.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: APRIL-11/50
24C. NAME OF CEMETERY OR CREMATORY: MORELAND MEMORIAL PK.
24D. LOCATION (City, town, or county) (State): TAYLOR AVE.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Lurington Williams, M.D.
25. FUNERAL DIRECTOR: Timothy E. Donovan
ADDRESS: 3815 Roland Ave

VS 150

33a

PLEASE WRITE PLAIN. Physicians: please write the causes of death clearly and legibly. Name, date of death, and correct age is especially important.

-420 50 3356

JL - 89529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3356

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Bessie Delchau

2. DATE OF DEATH: 4-9-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-07
D. STREET ADDRESS (If rural, give location): 2918 Miles Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid.
8. DATE OF BIRTH: Oct. 9, 1875
9. AGE (In years last birthday): 74 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Amos Jones
14. MOTHER'S MAIDEN NAME: Margaret Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: B. C. H. Records — ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hemo Pericardium due to rupture of Epicardial Vessel

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized and Coronary Arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Duodenal Ulcer

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ Yes NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-25-44, 19__, *to* April 9, 19 50 *that I last saw the deceased alive on* April 9, 19 50 *and that death occurred at* 1.40 pm., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 4-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 12 50
24C. NAME OF CEMETERY OR CREMATORY: St. Mary's Hampden
24D. LOCATION (City, town, or county) (State): Poland Cor Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: [signature] for Williams, M.D.
25. FUNERAL DIRECTOR: Austin E. Donovan — ADDRESS: 3818 Poland Ave

VS 150

1178

correct age is especially important. Physicians: please write the

654

50 3357

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3357

Registered No.

1. NAME OF DECEASED (Type or Print) Also Known As E. R. Arnold — John Edward Arnold

2. DATE OF DEATH Apr. 10, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland Brady 2

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY 53 Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Dundalk

D. STREET ADDRESS (If rural, give location) 8102 Bullneck Rd

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	White		4-20-81	68				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Pumper	Coal mine	alabama	

13. FATHER'S NAME Bernard Arnold

14. MOTHER'S MAIDEN NAME Alevia Loggins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
18. 4-20-1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Acute Myocardial Infarction	
	DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/25, 1950, *to* 4/10, 1950, *that I last saw the deceased alive on* 4/10, 1950, *and that death occurred at* 10 *P.M., from the causes and on the date stated above.*

23A. SIGNATURE C. Ransom M. D.

23B. ADDRESS JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED 4-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE April 14, 1950

24C. NAME OF CEMETERY OR CREMATORY Oakland Cemetery

24D. LOCATION (City, town, or county) (State) Birmingham, Alabama

DATE RECEIVED BY LOCAL REGISTRAR APR 11 1950

REGISTRAR'S SIGNATURE Huntington Williams, M. D.

25. FUNERAL DIRECTOR Roland L. Fisher

ADDRESS 2112 Dundalk Ave.

NS 456

35681

94a

PLEASE WRITE PLAINLY. Physicians: please write the causes of death correct age is especially important.

-650

FROME

50 3358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3358

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Katherine Frome

2. DATE OF DEATH: April 9, 50

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1721 Montpelier St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1721 Montpelier St.
C. Length of stay in Baltimore: 66 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-07
D. STREET ADDRESS (If rural, give location): 1721 Montpelier St.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 6, 1875
9. AGE (In years last birthday): 74 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Kemmeter
14. MOTHER'S MAIDEN NAME: Margaret Schneider

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Archer Frome, Son. ADDRESS:

MEDICAL CERTIFICATION

18. 260 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Coronary Occlusion — April 5-9 1950

DUE TO

(B) Arteriosclerosis — Unknown

DUE TO

(C) Diabetes Mellitus — Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): None
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): None
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): None

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: None
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from March 29, 1949, to April 9, 1950, that I last saw the deceased alive on April 9, 1950, and that death occurred at 12 P. m., from the causes and on the date stated above.

23A. SIGNATURE: L. Carl Myers M. D.
23B. ADDRESS: 1401 E. Coldspring Lane Balt. 18
23C. DATE SIGNED: April 9, 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 12-1950
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore - Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Lucius Williams, M.D.
25. FUNERAL DIRECTOR: Mr. & Mrs. John H. Teufel Son
ADDRESS: 5311 Edmondson Ave

VS 150

61

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

630

50 3359

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3359

1. NAME OF DECEASED (Type or Print): LILLIAN PAULINE FORD

2. DATE OF DEATH: April 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident hospital
C. Length of stay in Baltimore (Yrs. Mos. Days): 69 yrs

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-03
D. STREET ADDRESS (If rural, give location): 2008 Madison Ave.

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Oct. 17, 1880
9. AGE (In years last birthday): 69
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Thomas
14. MOTHER'S MAIDEN NAME: Mary Francis Weaver

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Joseph C. Ford ADDRESS: 2008 Madison Ave.

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis — 2 days

DUE TO

(B) Hypertension & Arteriosclerosis

DUE TO

(C) Hypertensive Heart Disease — 6 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 29, 1950, *to* April 8, 1950, *that I last saw the deceased alive on* 4-8-, 1950, *and that death occurred at* 1:30 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. Barton Hyslop M. D.
23B. ADDRESS: 2003 Madison Ave
23C. DATE SIGNED: 4-9-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/11/1950
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 Druid Hill Ave.

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93D

S-332

7-9 50 3360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3360

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FERDINAND H. STOETZER

2. DATE OF DEATH: Apr.9,1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 12 W. Biddle St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-02
D. STREET ADDRESS (If rural, give location): 12 W. Biddle St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug.6,1882
9. AGE (In years last birthday): 67 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Horel Belvedere
11. BIRTHPLACE (State or foreign country): Baltimore,Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ferdinand H. Stoetzer
14. MOTHER'S MAIDEN NAME: Julia Hannibal

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-01-2544
17. INFORMANT: Richard F. Stoetzer, ADDRESS: 1212 Poplar Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion — 6 weeks

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1, 1950, *to* April 9, 1950, *that I last saw the deceased alive on* April 8, 1950, *and that death occurred at* 10:00 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Nathan Rosenwald M. D.
23B. ADDRESS: 206 S. Gilmor St
23C. DATE SIGNED: 4/10/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/12/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore
24D. LOCATION (City, town, or county) (State): Baltimore,Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: William Cox Jr. ADDRESS: 1217 Druid Park

VS 190

26687

94a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. [redacted]

50 3361

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3361

Registered No.

1. NAME OF DECEASED (Type or Print): Selma A. Grau

2. DATE OF DEATH: 4-8-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2808 goodwood Road
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-06
D. STREET ADDRESS (If rural, give location): 2808 goodwood Road

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 16-1873
9. AGE (In years last birthday): 76
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Schmidt
14. MOTHER'S MAIDEN NAME: Anna Haberkorn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. J. R. Owens
ADDRESS: 2922 Harview

MEDICAL CERTIFICATION

18. 420.1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Hypertensive Cardio

DUE TO

(C) Vascular Disease

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH: years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 10³⁰ A m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Summer, 1946 *to* April, 1950 *that I last saw the deceased alive on* April 1, 1950 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: James E. White, M. D.
23B. ADDRESS: 5214 Harford Rd.
23C. DATE SIGNED: 11 April 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-11-50
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Lurlington Williams, M.D.
25. FUNERAL DIRECTOR: L. J. Luck
ADDRESS: 5305 Harford Rd.

VS 150

93D

Correct use of this form is important. Physicians: please write the causes of death clearly and legibly.

400

50 3362

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3362

1. NAME OF DECEASED (Type or Print): Laura Powell

2. DATE OF DEATH: April 11/1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 4009 Belview Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-10
D. STREET ADDRESS (If rural, give location): 4009 Belview Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 7/1876
9. AGE (In years last birthday): 73 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christopher Hutteman
14. MOTHER'S MAIDEN NAME: Anne Scherr

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: James T. Powell — ADDRESS: 4009 Belview Ave

MEDICAL CERTIFICATION

18. 450.0

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 10 days.

DUE TO

(B) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: —

DUE TO

(C) INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1-, 1946, *to* 4-11-, 1950, *that I last saw the deceased alive on* 4-11-, 1950, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Howard E. Warner M. D.
23B. ADDRESS: 2404 Garrison Blvd
23C. DATE SIGNED: 4-11-50.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr 13/1950
24C. NAME OF CEMETERY OR CREMATORY: Greenmount
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Harry H. Armacost — ADDRESS: 4204 Ridgewood Ave

VS 150

93E

Physicians: please write the causes of death clearly and legibly. Attention is especially important. Physicians: please write the causes of death clearly and legibly.

425

50 3363

50 3363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) Thomas E Mullican

2. DATE OF DEATH 9 Apr 50

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Maryland Gen'l Hosp.

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-06

D. STREET ADDRESS (If rural, give location) 2728 N. Howard St.

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH May 18, 1888

9. AGE (In years last birthday) 61 | If Under 1 Year Months Days | If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner

10B. KIND OF BUSINESS OR INDUSTRY Restaurant

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Archibald Mullican

14. MOTHER'S MAIDEN NAME Mary F. Minnis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT Mrs. Julia M. Mullican ADDRESS 2728 N. Howard St.

MEDICAL CERTIFICATION

18. 420.1 CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cardiac Decompensation

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Benign Prostatic Hypertrophy

19A. DATE OF OPERATION 4/3

19B. MAJOR FINDINGS OF OPERATION Benign Prostatic Hypertrophy.

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/30 *19*50*, to* 4/9 *19*50*, that I last saw the deceased alive on* 4/9 *, 19*50*, and that death occurred at* 3:45 P *m., from the causes and on the date stated above.*

23A. SIGNATURE Ernest A. Ceraran M. D.

23B. ADDRESS Maryland Gen'l Hosp

23C. DATE SIGNED 4/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4/12/50

24C. NAME OF CEMETERY OR CREMATORY Westminster Cem.

24D. LOCATION (City, town, or county) (State) Westminster, Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 11 1950

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto Md.

VS 150

15671

137a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MS--137164

50 3364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3364

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William Henry Frisby

2. DATE OF DEATH: April 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 5-01
D. STREET ADDRESS (If rural, give location): 1426 McElderry St.

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 4 1890
9. AGE (In years last birthday): 60 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Water Front
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: (Deceased)
14. MOTHER'S MAIDEN NAME: Susun Ellen Frisby

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records* ADDRESS: Baltimore City Hospitals 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive arteriosclerotic cardiovascular disease

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 8, 1950 *to* April 8, 1950, *that I last saw the deceased alive on* April 8, 1950 *and that death occurred at* 9:10P *m., from the causes and on the date stated above.*

23A. SIGNATURE: P. S. Rogers M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 4-9-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/13/1950
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn A.A.Co.Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson
ADDRESS: 1000 Brantly Ave

VS 150

46051

93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

416

50 3365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3365

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Zebedee Silver

2. DATE OF DEATH: APR 8 - 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: 10 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 5 02
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 411 Colvin St

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 4-19-15
9. AGE (In years last birthday): 35
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Infield N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Silver
14. MOTHER'S MAIDEN NAME: ? ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. 416 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple pulmonary infarctions — 2 mos

DUE TO

ANTECEDENT CAUSES

(B) Rheumatic heart disease — 5 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-16, 1950 *to* 4-8, 1950, *that I last saw the deceased alive on* 4-8, 1950, *and that death occurred at* 5:55 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: David E. Rogers M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/13/1950
24C. NAME OF CEMETERY OR CREMATORY: Pumline Cem.
24D. LOCATION (City, town, or county) (State): Enfield N.C.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Winthrop Williams, M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson — ADDRESS: 1000 Brantly Ave

VS 150

V0894

95B

PLEASE WRITE, WITH INK, PRINTING IN CAPITAL LETTERS. Employ capitals. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

420

BIRTH NO. 50 3366

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3366

1. NAME OF DECEASED (Type or Print): SAMUEL BULLOCK

2. DATE OF DEATH: April 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital
C. Length of stay in Baltimore: 10 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18-03
D. STREET ADDRESS (If rural, give location): 18 S. Carlton Street

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/5/1908
9. AGE (In years last birthday): 42 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Bato. City
11. BIRTHPLACE (State or foreign country): North Carolinia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Samuel Bullock
14. MOTHER'S MAIDEN NAME: Annie Moore
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Helen Bullock ADDRESS: 18 S. Carlton St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 420.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic and hypertensive heart disease

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: RS Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: April 8, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/12/1950
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn A.A.Co.Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Winifred Williams, M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson ADDRESS: 1000 Brantly Ave

VS 151

98898 93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

516

50 3367

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3367

1. NAME OF DECEASED (Type or Print): Lucy R. Lambert

2. DATE OF DEATH: 4/7/1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1025 N. Stricker St
C. Length of stay in Baltimore: 3 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 1025 N. Stricker St

16-02

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 3/17th/1873
9. AGE (In years last birthday): 77
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mid Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unkown
14. MOTHER'S MAIDEN NAME: Mary Jane Carter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Viola Lambart
ADDRESS: 1025 N. Stricker St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-2, 1950, *to* 4-7, 1950 *that I last saw the deceased alive on* 4-6, 1950, *and that death occurred at* 1 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Frank A. Saunders M. D.
23B. ADDRESS: 1029 N. Stricker St.
23C. DATE SIGNED: 4-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/12/1950
24C. NAME OF CEMETERY OR CREMATORY: Mercy Seat Cem.
24D. LOCATION (City, town, or county) (State): Farmsville Virginia

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson
ADDRESS: 1000 Brantly Ave

VS 150

93E

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

510

50 3368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3368

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Margaret Knabe

2. DATE OF DEATH: 4/10/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2332 Jefferson St.
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 7-03
D. STREET ADDRESS (If rural, give location): 2332 Jefferson St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: June 20-1866
9. AGE (In years last birthday): 83
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Eastwood
14. MOTHER'S MAIDEN NAME: Sarah Stephenson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Margaret Eastwood ADDRESS: 2332 Jefferson St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Concussion — INTERVAL BETWEEN ONSET AND DEATH: 4/7/50

DUE TO

ANTECEDENT CAUSES

(B) Fractured rt. leg — 4/7/50

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Arteriosclerosis - generalized — —

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY Dr. Kammer

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION: per H. J. McCafferty M. D. CORO. OR ASST. MEDICAL EXAMINER
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2332 Jefferson St.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 7-50 about 10:30 p. m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR? Slipped and fell down stairs

22. I hereby certify that I attended the deceased from Jan 1949, to April 10, 1950, that I last saw the deceased alive on April 9, 1950, and that death occurred at 4:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE: Louis F. Klimes M. D.
23B. ADDRESS: 2623 E. Monument
23C. DATE SIGNED: April 10, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 12-50
24C. NAME OF CEMETERY OR CREMATORY: London Pk. Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M. D.
25. FUNERAL DIRECTOR: John A. Miller
ADDRESS: 2334 Jefferson St.

VS 150

N-853

186a

PLEASE WRITE CLEARLY — correct age is especially important. Physicians: please write the cause of death clearly.

420 50 3369

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3369

Registered No.

1. NAME OF DECEASED (Type or Print): SUSIE BESS WALLACE

2. DATE OF DEATH: April 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 811 WEST FAYETTE STREET
C. Length of stay in Baltimore: 20 Years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 18-01
D. STREET ADDRESS (If rural, give location): 811 WEST FAYETTE STREET

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Feb. 4, 1901
9. AGE (In years last birthday): 49 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARSHALL, NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LOUIS LLYLES
14. MOTHER'S MAIDEN NAME: CAROLINE ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: JAMES J. WALLACE — ADDRESS: 811 W. FAYETTE ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Heart Disease — ?

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 23, 1950 *to* April 9, 1950 *that I last saw the deceased alive on* 4-9, 1950 *and that death occurred at* 5 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Charles T. Wasley M. D.
23B. ADDRESS: 861 Hartlepool
23C. DATE SIGNED: 4-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4/12/50
24C. NAME OF CEMETERY OR CREMATORY: Mt Zion
24D. LOCATION (City, town, or county) (State): CLEARFIELD, PENNA.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Charles R. Law
ADDRESS: THE CHARLES R. LAW MORTUARY
802-04 MADISON AVENUE
BALTIMORE 1, MD.

VS 150

94a

PLEASE WRITE LEGIBLY. Physicians: please write the causes of death clearly and correct age is especially important.

242

50 3370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3370

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joseph Wasielewski

2. DATE OF DEATH: April 9-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2223 Choptank St.
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 1-05
D. STREET ADDRESS (If rural, give location): 2223 Choptank St

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec 10 1886
9. AGE (In years last birthday): 63
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Upholster
10B. KIND OF BUSINESS OR INDUSTRY: Furniture
11. BIRTHPLACE (State or foreign country): Balto.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Wasielewski
14. MOTHER'S MAIDEN NAME: Mary Borak

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): War 1
16. SOCIAL SECURITY NO.: 216-10-9750
17. INFORMANT: Lottie Kusaitis ADDRESS: 2105 E Lombard St

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 15, 1946, *to* Apr. 9, 1950, *that I last saw the deceased alive on* Apr. 8, 1950, *and that death occurred at* 5:40 *A.m., from the causes and on the date stated above.*

23A. SIGNATURE: Sigmund R. Nowak M. D.
23B. ADDRESS: 408 S. Patterson Park Ave.
23C. DATE SIGNED: 4-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 12-50
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): Hernwood Rd. Balto Co.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Raphael Bros. ADDRESS: 1800 E. Lombard St

VS 150

36485

937

125 Rivkind

50 3371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3371

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mr. Jakob Rivkind

2. DATE OF DEATH: 4-11-50.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levindale
C. Length of stay in Baltimore: 40 Yrs. ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-17
D. STREET ADDRESS (If rural, give location): Levindale

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 64
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Peddler
10B. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: not known
14. MOTHER'S MAIDEN NAME: not known
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ada Rivkind ADDRESS: 3903 Gatemaw Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis — 3 weeks

DUE TO

ANTECEDENT CAUSES

(B) Coronary sclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) General Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Buergers disease, left leg amputation, right nephrectomy

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 16, 1948, *to* April 11, 1950, *that I last saw the deceased alive on* April 10, 1950 *and that death occurred at* 4 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Jerome J. Blumberg M. D.
23B. ADDRESS: Levindale Home
23C. DATE SIGNED: 4-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-11-50
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Herring Run
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

VS 150

27279

94a

correct age is especially important. Physicians: please write the causes of death clearly and legibly

513

DINOVITZ

50 3372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3372

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JACOB DINOVITZ

2. DATE OF DEATH: 4-10-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland 4601 Pall Mall Rd
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jewish Convalescent Home
C. Length of stay in Baltimore: 47 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 27-16
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 4672 Park Heights Ave
D. STREET ADDRESS (If rural, give location): Balto

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH:
9. AGE (In years last birthday): 78 — If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Tailor
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Moses
14. MOTHER'S MAIDEN NAME: Naska
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Benjamin Dinovitz
ADDRESS: 4672 Park Hgts

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

DUE TO

(B) arteriosclerosis — several years

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar 7 *, 19*50*, to* Apr 10 *, 19*50*, that I last saw the deceased alive on* 3-29 *, 19*50*, and that death occurred at* 12 or 1 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Guy Lauber M. D.
23B. ADDRESS: 3003 Garrison Blvd
23C. DATE SIGNED: 4-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-11-50
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Levin Inc
ADDRESS: 2100 Eutaw Pl

VS 150

94a

correct age is especially important. Physicians: please write the cause of death clearly.

Sauter
3003 Harrison Blvd
hr 0068

450 50 3373

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3373

1. NAME OF DECEASED (Type or Print): Hyman Bloom

2. DATE OF DEATH: April 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: 40 Yrs. ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore 15-03
D. STREET ADDRESS (If rural, give location): 1614 N. Bentalowe St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 60
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lith
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lieb
14. MOTHER'S MAIDEN NAME: Esther

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowo)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Ida Bloom ADDRESS: 1614 N Bentalowe St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Artery Disease

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: W. J. McCafferty M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: April 10, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-11-50
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Mt Carmel
24D. LOCATION (City, Town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Lincoln Williams, M.D.
25. FUNERAL DIRECTOR: Jack Levin Inc
ADDRESS: 2100 Eutaw Pl

VS 151

36006

94a

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

+100

BIRTH NO. 50 3374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3374

1. NAME OF DECEASED (Type or Print): ELIZABETH MAPP

2. DATE OF DEATH: Apr. 8. 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2027 N. Washington St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore -13 8-05
D. STREET ADDRESS (If rural, give location): 2027 N. Washington St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Apr. 1. 1870
9. AGE (In years last birthday): 80 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: - - -
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Matthew Wright
14. MOTHER'S MAIDEN NAME: Elizabeth Purvis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Miss Ruth Wright (sister) ADDRESS: 2027 N. Washington St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) Coronary insufficiency — 3 mo.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Arteriosclerosis

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes — ?

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 1, 1950, *to* Apr 8, 1950, *that I last saw the deceased alive on* Apr 8, 1950, *and that death occurred at* 11:45 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Conrad L. Rutter M. D.
23B. ADDRESS: 1706 N Washington St
23C. DATE SIGNED: 4/10/50.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 11. 1950
24C. NAME OF CEMETERY OR CREMATORY: Greenmount Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS. INC. ADDRESS: Baltimore Md.

Geo. F. Sander 61

VS 150

correct age is especially important. Physicians: please write the

200

50 3375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3375

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): George Michael Resch — George Resch

2. DATE OF DEATH: 4/9/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Balt. Md
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland Gen. Hosp
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 8 04
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3425 Lyndale Ave #13

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: June 1, 1868
9. AGE (In years last birthday): 81 yrs
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): brewer
10B. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George M. Resch
14. MOTHER'S MAIDEN NAME: Barbara ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: 3425 Lyndale Avenue — Mrs. Milton Ford

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Contusion of Hip

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY
Dr. William G. Helfrich
M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): accident
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3425 Lyndale Avenue
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 6, 1950 ? m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Fell attempting to rise out of bed

22. I hereby certify that I attended the deceased from 4-6, 1950, to 4-9, 1950, that I last saw the deceased alive on 4/9, 1950, and that death occurred at 9 40 p m., from the causes and on the date stated above.

23A. SIGNATURE: Anthony C. Verrone M.D.
23B. ADDRESS: Maryland Gen. Hosp.
23C. DATE SIGNED: 4/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 4/12/50
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: BALTIMORE - 13, Maryland
George F. Sander 83a

VS 150

VERRONE

PLEASE correct age is especially important. Physicians: please write the causes of death clearly and legibly.

463

CERTIFICATE CORRECTED 4-14-50

BIRTH NO. 50 3376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3376

1. NAME OF DECEASED (Type or Print): MRS. Nettie Elizabeth Erkart-Ehrhart

2. DATE OF DEATH: Apr. 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home and Hospital
C. Length of stay in Baltimore: 58 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: —
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-06
D. STREET ADDRESS (If rural, give location): 1602 Federal St.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Dec. 8, 1891
9. AGE (In years last birthday): 58
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Elias Weedon
14. MOTHER'S MAIDEN NAME: Mollie Schmidt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Miss M. Fickus
ADDRESS: Church Home Hospital

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma Sigmoid Colon — INTERVAL BETWEEN ONSET AND DEATH: 5-10 years.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 3/27/50
19B. MAJOR FINDINGS OF OPERATION: Inoperable Carcinoma Sigmoid colon
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/16, 1950 *to* 4/8, 1950, *that I last saw the deceased alive on* 4/8, 1950, *and that death occurred at* 4 30 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: L. M. Howard M. D.
23B. ADDRESS: Church Home and Hospital
23C. DATE SIGNED: 4/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/12/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Winston Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: BALTIMORE -13, MARYLAND

George P. Sander

VS 150

46E

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

300

50 3377

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3377

Registered No.

1. NAME OF DECEASED (Type or Print): GEORGE TAUDTE

2. DATE OF DEATH: Apr. 8. 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5430 Belair Rd
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore -6 27-04A
D. STREET ADDRESS (If rural, give location): 5430 Belair Rd.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 27. 1890
9. AGE (In years last birthday): 59 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprietor of Paint
10B. KIND OF BUSINESS OR INDUSTRY: & Hardware Store
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Anton Taudte
14. MOTHER'S MAIDEN NAME: Emma Schmalbach
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Sadie Taudte (Wife) — ADDRESS: 5430 Belair Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

DUE TO

ANTECEDENT CAUSES

(B) Myocardial Arteriosclerosis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 4, 1949 *to* April 8, 1950, *that I last saw the deceased alive on* April 6, 1950, *and that death occurred at* 3.30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph Pokorny M. D.
23B. ADDRESS: 2200 E Madison St.
23C. DATE SIGNED: 4/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 11. 1950
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS. INC.
ADDRESS: Baltimore Md.

VS 150

15672 Henry F. Sander 94a

200

50 3378

BIRTH NO. 48-13470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3378

Registered No.

1. NAME OF DECEASED (Type or Print): JERRY FOSKEY

2. DATE OF DEATH: 4/9/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIV. HOSP.
C. Length of stay in Baltimore: 20 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 4-0V
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE #1
D. STREET ADDRESS (If rural, give location): 312 MYRTLE AVE

5. SEX: MALE
6. COLOR OR RACE: COL.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: AUG 16, 1948
9. AGE (In years last birthday): If Under 1 Year: Months 20, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): BALTO. MD.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CLARENCE FOSKEY
14. MOTHER'S MAIDEN NAME: MARY FOSKEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: MRS MARY FOSKEY ADDRESS: 312 MYRTLE AVE

MEDICAL CERTIFICATION

18. 500.X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) LARYNGO-TRACHEO-BRONCHITIS — 2 DAYS

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 4/9/50
19B. MAJOR FINDINGS OF OPERATION: LARYNGEAL EDEMA
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/8, 1950, *to* 4/9, 1950, *that I last saw the deceased alive on* 4/9, 1950 *and that death occurred at* 8:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: John F. Strahan M. D.
23B. ADDRESS: University Hosp.
23C. DATE SIGNED: 4/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-12-50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Winfield Williams, M.D.
25. FUNERAL DIRECTOR: Mr. Francis A. Hensley
ADDRESS: 5788 Dibble St

VS 150

106 c

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

652 50 3379

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3379

1. NAME OF DECEASED (Type or Print): MARY CATHERINE BURNS

2. DATE OF DEATH: April 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-10
D. STREET ADDRESS (If rural, give location): 5207 York Road

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Mar. 5, 1887
9. AGE (In years last birthday): 63
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone Operator
10B. KIND OF BUSINESS OR INDUSTRY: Telephone Co
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: William Burns
14. MOTHER'S MAIDEN NAME: Katherine Carey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 212-05-1026
17. INFORMANT: Elizabeth M. Burns
ADDRESS: 5207 York Rd

MEDICAL CERTIFICATION

18. 443 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar pneumonia

~~DUE TO~~

ANTECEDENT CAUSES

(B) Hypertensive cardio-vascular disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fracture of pelvis.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [X] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Streetcar
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Greenmount Ave. and 31st St.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 4/5/50 4:40 P. m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Was thrown off balance by forward motion of streetcar

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: H. J. McCafferty M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 4/10/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/13/50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John A. Moran Hdr.
ADDRESS: 3900 E. Balto. St.

VS 151

24255 108

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

600

50 3380

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3380

Registered No.

1. NAME OF DECEASED (Type or Print): FLORENCE TERRY

2. DATE OF DEATH: 4-10-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1543 PENNSYLVANIA AVE.
C. Length of stay in Baltimore: 53 YRS. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 14-02
D. STREET ADDRESS (If rural, give location): 1543 PENNSYLVANIA AVE.

5. SEX: FEMALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 3-25-93
9. AGE (In years last birthday): 57 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC
10B. KIND OF BUSINESS OR INDUSTRY: PRIVATE
11. BIRTHPLACE (State or foreign country): So. BOSTON VA.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Wm. HENRY JONES
14. MOTHER'S MAIDEN NAME: ROXIE OVERBY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MARGIE WILLIAMS — ADDRESS: 1539 PENN. AVE

MEDICAL CERTIFICATION

18. 151 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

DUE TO

(B) Carcinomatosis of Lungs — 1 mo

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 6
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-18, 1950, *to* 4-10, 1950, *that I last saw the deceased alive on* 4-10, 1950, *and that death occurred at* 9:00 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 1543 Penna Ave
23C. DATE SIGNED: 4/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4-13-50
24C. NAME OF CEMETERY OR CREMATORY: MT. AUBURN
24D. LOCATION (City, town, or county) (State): BALTIMORE 30.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. A. JACKSON — ADDRESS: 916 PENNA. AVE

VS 150

52086

46B

3-632
50 3381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3381

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JESSIE BRIDGETT

2. DATE OF DEATH: April 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-01
D. STREET ADDRESS (If rural, give location): 425 N. Monroe Street

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 3-25-99
9. AGE (In years last birthday): 51 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: WAGNER Co.
11. BIRTHPLACE (State or foreign country): NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS ✓

MEDICAL CERTIFICATION

18. 023X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial insufficiency
DUE TO Luetic heart disease

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: B B Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: April 8, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4-12-50
24C. NAME OF CEMETERY OR CREMATORY: MT. AUBURN
24D. LOCATION (City, town, or county) (State): BALTIMORE, 36.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. A. JACKSON — ADDRESS: 916 PENNA. AVE.

VS 151

988X6 30E

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

120

BIRTH NO. 50 3382

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3382

1. NAME OF DECEASED (Type or Print): SARAH J. DAVIS

2. DATE OF DEATH: APRIL 8 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 853 Washington Blvd.
C. Length of stay in Baltimore: LIFE. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: 21-02
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 853 Washington BLVD.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED.
8. DATE OF BIRTH: Aug. 4. 1860
9. AGE (in years last birthday): 89 90. If Under 1 Year: Months 8 Days 4. If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE.
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: UNKNOWN.
14. MOTHER'S MAIDEN NAME: UNKnown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE.
17. INFORMANT: Mrs. Lillian Sellers. ADDRESS: 853 Washington Blvd

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Hemorrhage — 2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral Vascular Arteriosclerosis — 1 yr.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 2, 1950, *to* April 8, 1950, *that I last saw the deceased alive on* April 8, 1950. *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: John P. Urlock, Jr M. D.
23B. ADDRESS: 1227 Washington Blvd
23C. DATE SIGNED: April 10 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 11. 1950
24C. NAME OF CEMETERY OR CREMATORY: Western Cemetery
24D. LOCATION (City, town, or county) (State): Edmondson ave. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WENDELL J. DIPPEL. ADDRESS: 312 S. Highland ave

VS 150

83a

0-500

50 3383

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3383

1. NAME OF DECEASED (Type or Print): Stella C. Donahoe

2. DATE OF DEATH: April 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 308 S. Macon St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-01
D. STREET ADDRESS (If rural, give location): 308 S. Macon St.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 3, 1880
9. AGE (In years last birthday): 69
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Henry Henley
14. MOTHER'S MAIDEN NAME: Mary E. Taylor
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Raymond Donahoe
ADDRESS: 805 S. Quail St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days
DUE TO with hemiplegia
(B) Hypertension — 4 years
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: generalized arteriosclerosis

331X

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 4/4, 1950 to 4/8, 1950 that I last saw the deceased alive on 4/8, 1950, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE: Stanley B. Kljanowicz M.D.
23B. ADDRESS: 3500 Erdman Ave.
23C. DATE SIGNED: 4/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/11/50
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): 7225 Eastern Ave.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Clarence F. Hoffmann
ADDRESS: 1639 Broadway.

VS 150

83a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. Flanagan
Dr. Kujanowicz
2846 Mayfield Or. 3920
4127 St. Paul La. 5959
8728

BR. 5386

652

50 3384

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3384

1. NAME OF DECEASED (Type or Print): Nina M. Grimes

2. DATE OF DEATH: 4/9/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 137 E. North Ave.
c. Length of stay in Baltimore: 14 Mo. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-05
D. STREET ADDRESS (If rural, give location): 137 E. North Ave.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 20 1875
9. AGE (In years last birthday): 74
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chicago Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Waldo King
14. MOTHER'S MAIDEN NAME: Laura V. Mohler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Earl V. Grimes ADDRESS: 137 E. North Ave.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/9, 1950 *to* 4/10, 1950, *that I last saw the deceased alive on* not seen alive, *and that death occurred at* 10:40 AM *from the causes and on the date stated above.*

23A. SIGNATURE: E. Elsworth Cole M. D.
23B. ADDRESS: 2431 Maryland Ave.
23C. DATE SIGNED: 4/10/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/12/50
24C. NAME OF CEMETERY OR CREMATORY: Meadowridge Mem. Cem.
24D. LOCATION (City, town, or county) (State): Howard Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Lillington Williams, M.D.
25. FUNERAL DIRECTOR: Charles H. Grant & Son Inc
ADDRESS: 118 W. Mt. Royal Ave 94a #1

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E. F. Cook
24 21 Maryland Ave.

B 630

50 M M 135411
50 3385
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3385
Registered No.

1. NAME OF DECEASED (Type or Print): William, Broadway.

2. DATE OF DEATH: April 6-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern ave.
C. Length of stay in Baltimore: 40 Years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore. 18-01
D. STREET ADDRESS (If rural, give location): 412 N. Fremont Ave.

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 4-1881 1891
9. AGE (In years last birthday): 59
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stevedore
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kent Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: Manuel, Broadway
14. MOTHER'S MAIDEN NAME: Mary, Lindsay.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: B.C.H. Records
ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. 162 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchogenic Carcinoma of right main

~~DUE TO~~ Bronchus and right lower lobe Bronchus with extension to the chest wall. Invasion of the right leaf of the diaphram with

~~(B)~~ secondary Pulmonary Abscess.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Febuary 15-1950
19B. MAJOR FINDINGS OF OPERATION: Exploratory Thoracotomy for Carcinoma of Lung
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 31- 19 50 *to* April 6, 19 50, *that I last saw the deceased alive on* April 6, 19 50, *and that death occurred at* 12:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE: H. Rogers M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 4-7-1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-11-1950
24C. NAME OF CEMETERY OR CREMATORY: W.F. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 3221 Schroeder St

VS 150

90651

47c

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R 500

50 3386

50 3386

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): CHARLES RAINEY

2. DATE OF DEATH: 4-9-50

3. PLACE OF DEATH: A. Baltimore City, Maryland 397 Brooklyn Av.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 397 Brooklyn Ave.

25 00

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M.

8. DATE OF BIRTH: 8-25-1906

9. AGE (In years last birthday): 43. If Under 1 Year: Months, Days. If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman.

10B. KIND OF BUSINESS OR INDUSTRY: K. Katz & Sons.

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John T. Rainey

14. MOTHER'S MAIDEN NAME: Louisa ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Family - Same ADDRESS

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) coronary occlusion

DUE TO

(B) hypertensive cardio vascular disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1948 *to* Apr 9, 1950, *that I last saw the deceased alive on* Apr 8, 1950 *and that death occurred at* 8:30 m. *from the causes and on the date stated above.*

23A. SIGNATURE: C W Kestler, M.D.

23B. ADDRESS: 302 Patapsco Av

23C. DATE SIGNED: Apr 10 50

24A. BURIAL, CREMATION, REMOVAL (Specify): B.

24B. DATE: 4-12-50

24C. NAME OF CEMETERY OR CREMATORY: Holy Cross

24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: James L. McCleary ADDRESS: 130 E. Fort Ave.

VS 150

29865

93D

Important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. Correct age is especially

2-620
2-632
3387

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3387

Registered No.

1. NAME OF DECEASED (Type or Print): Frank Perouka (or) Frank J. Peroutka

2. DATE OF DEATH: April 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: 49 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6-04
D. STREET ADDRESS (If rural, give location): ~~22 N. Chapel St.~~

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 26 1899
9. AGE (In years last birthday): 50 / 51
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumber checker
10B. KIND OF BUSINESS OR INDUSTRY: Lumber Co.
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Peroutka
14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 213-12-6555
17. INFORMANT: Elsie Peroutka ADDRESS: 22 N. Chapel St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1

(A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) Coronary artery disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [✓], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: H. J. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: April 11, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 13-50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Belair Rd Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 21 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Pigeel Bros. ADDRESS: 1800 E. Lombard St.

VS 151

26673

94a ✓

S-152

50 3388

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3388

Registered No.

1. NAME OF DECEASED (Type or Print): Annie E. Buckley Spencer

2. DATE OF DEATH: April 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4012 Clifton Ave.,
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-09
D. STREET ADDRESS (If rural, give location): 4012 Clifton Ave.,

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 8, 1865
9. AGE (In years last birthday): 85 | If Under 1 Year: Months: Days | If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: John J. Buckley
14. MOTHER'S MAIDEN NAME: Margaret McCarthy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Marguerite E. Redell
ADDRESS: 4012 Clifton Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 day

DUE TO

ANTECEDENT CAUSES

(B) Cerebral hemorrhage — 3 wks

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Hypertensive Cardiovascular Dis — 2

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1949, to Apr, 1950, that I last saw the deceased alive on 10 Apr, 1950, and that death occurred at 4 p m., from the causes and on the date stated above.

23A. SIGNATURE: A. Allan Smith M. D.
23B. ADDRESS: 1134 E. Belvedere
23C. DATE SIGNED: 11 Apr 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-13-1950
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: G. Howard Strong
ADDRESS: 3207 W. North Ave.,

VS-150

93D

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-620

50 3389

BIRTH NO. 50 3389

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Harry Clinton Bowers

2. DATE OF DEATH: April 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN: Baltimore (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location): 2842 Huntingdon Ave.

12-07

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated
8. DATE OF BIRTH: Nov 10, 1882
9. AGE (In years last birthday): 67 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman
10B. KIND OF BUSINESS OR INDUSTRY: dairy
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME: James Bowers
14. MOTHER'S MAIDEN NAME: Emma (Unknown)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Heyward C. Bowers — ADDRESS: 2859 W. North Ave.

MEDICAL CERTIFICATION

18. 450.0

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized arteriosclerosis, severe — INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: Naso-pharyngeal hemorrhage — 6 days

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1950, to April 10, 1950, that I last saw the deceased alive on April 10, 1950, and that death occurred at 8:02 P.M., from the causes and on the date stated above.

23A. SIGNATURE: W. A. Cox M. D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: 4-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/14/50
24C. NAME OF CEMETERY OR CREMATORY: Oaklawn Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto Md.

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NLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-612

50 3390

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3390

Registered No.

1. NAME OF DECEASED (Type or Print): JAMES HENRY KARVASEK.

2. DATE OF DEATH: April 8, 1950.

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 917 N Linwood Ave.
C. Length of stay in Baltimore: 49 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 7-01
D. STREET ADDRESS (If rural, give location): 917 N. Linwood Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 10, 1900
9. AGE (In years last birthday): 49 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Patrolman
10B. KIND OF BUSINESS OR INDUSTRY: Police Dept.
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Frank Karvasek
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Anna Karvasek — ADDRESS:

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CORONARY THROMBOSIS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 7, 1950, *to* April 8, 1950, *that I last saw the deceased alive on* April 7, 1950, *and that death occurred at* 4:10 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Albert C Herrmann M. D.
23B. ADDRESS: 2921 E. Federal St.
23C. DATE SIGNED: 4-8-50.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-12-50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Philip E. Broach — ADDRESS: 2716 E. Monument

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correct age is especially important. Physicians: please write the causes of death clearly and legibly, WITH UNFADING INK. Every item of information should be carefully supplied. The

1-622
50 3391

50 3391

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): ANTHONY NORKUS

2. DATE OF DEATH: 4-7-50

3. PLACE OF DEATH: A. Baltimore City, Maryland 714 W Fayette St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

C. Length of stay in Baltimore: 40 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 4-02
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO.
D. STREET ADDRESS (If rural, give location): 714 W FAYETTE St.

5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan 13 - 1890
9. AGE (In years last birthday): 60
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HAND SEWER.
10B. KIND OF BUSINESS OR INDUSTRY: Tailoring Co
11. BIRTHPLACE (State or foreign country): LITHUANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-07-5938
17. INFORMANT: Mrs Linker ADDRESS: 714 W Fayette St.

MEDICAL CERTIFICATION

18. 442 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 1 da

DUE TO

(B) Cardiovascular Renal Disease — 5 yr

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/1, 1950 *to* 4/7, 1950, *that I last saw the deceased alive on* 4/7, 1950, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph G Lauscaitis M. D.
23B. ADDRESS: 679 Washington Blvd
23C. DATE SIGNED: 4/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-10-50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county): Belair Rd. (State) Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: F. W. Jackowicz
ADDRESS: 703 McHenry St.

VS 150

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R-340
50 3392

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3392
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Cordelia Riddle
2. DATE OF DEATH: Apr. 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Kentucky
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mentor V-15
D. STREET ADDRESS (If rural, give location)

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 7-23-98
9. AGE (In years last birthday): 51 — If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife
10B. KIND OF BUSINESS OR INDUSTRY: Home wife
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jasper Allen
14. MOTHER'S MAIDEN NAME: Sara Hunter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. 560.4

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Arrest - Anesthesia — INTERVAL BETWEEN ONSET AND DEATH: -

DUE TO

(B) Arteriosclerotic Heart Disease -

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diaphragmatic Posphragmatic Hernia - hydronephrosis

19A. DATE OF OPERATION: 4/11/50
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/4, 1950, to 4/11, 1950, that I last saw the deceased alive on 4/11, 1950, and that death occurred at 12 50 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Duane L. Merrill, M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: April-11-50
24C. NAME OF CEMETERY OR CREMATORY: Green Mound Cemetery
24D. LOCATION (City, town, or county) (State): New Richmond Ohio

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Earl B. Wolverton
ADDRESS: 403-E-25th St. 1220

VS 150

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50 3393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3393
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MIKE KOSTAREL

2. DATE OF DEATH: Apr. 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 400 N. Bouldin St
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-10
D. STREET ADDRESS (If rural, give location): 400 N. Bouldin St. 24

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: About 1890
9. AGE (In years last birthday): 63y
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant Keeper
10B. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: John Koliopulos, 946 Hollins St.
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Angina Pectoris — INTERVAL BETWEEN ONSET AND DEATH: 3wks
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 Apr 1950, *to* 11 Apr 1950, *that I last saw the deceased alive on* 11 Apr 1950, *and that death occurred at* 2 00 PM *m., from the causes and on the date stated above.*

23A. SIGNATURE: Thiella M.D. M. D.
23B. ADDRESS: 2214 E Fayette St 31
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/12/50
24C. NAME OF CEMETERY OR CREMATORY: Greek Community
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Thilhom Cor Dr 1217 St Paul St
ADDRESS

VS 150

15671 9413

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Supply all items.

T-512

ES-98904

CERTIFICATE CORRECTED 9-28-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 50 3394

Registered No. 50 3394

1. NAME OF DECEASED (Type or Print): Issac Winston Thompson

2. DATE OF DEATH: 3-28-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals
C. Length of stay in Baltimore: 24 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Balto. City Hospitals
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 2-6-12
D. STREET ADDRESS (If rural, give location): 4940 Eastern Avenue ox

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 24, 1896
9. AGE (In years last birthday): 53 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Central America
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Thompson
14. MOTHER'S MAIDEN NAME: Johanna Myvet ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records* Balto. City Hospitals
ADDRESS: 4940 Eastern Ave

MEDICAL CERTIFICATION

18. 411 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Rheumatic Heart Disease with ~~Arteriosclerosis~~ aortic stenosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) over

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Benign Prostatic Hypertrophy with Urinary Retention

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-29, 19 46, *to* 3-28, 19 50, *that I last saw the deceased alive on* 3-28, 19 50, *and that death occurred at* 2:40 m., *from the causes and on the date stated above.*

23A. SIGNATURE: H. Cogen M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 4-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4/17/50
24C. NAME OF CEMETERY OR CREMATORY: SACRED HEART
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: J. J. Foley & Sons
ADDRESS: 1318 Eutaw St

VS 150

92c

Letter in document file 50-3394 - 5/4/50

K-320

50 3395

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3395

Registered No.

1. NAME OF DECEASED (Type or Print): REBECCA KATZ

2. DATE OF DEATH: 11 APRIL 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SINAI HOSPITAL
C. Length of stay in Baltimore: 50 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 15-12
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3514 Reisterstown Rd

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH:
9. AGE (In years last birthday): 75 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Romania
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Morris
14. MOTHER'S MAIDEN NAME: Pearl
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Meyer Katz — ADDRESS: 4808 Wilow Ave

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary edema

DUE TO

(B) Hypertensive cardiovascular disease

DUE TO

(C) Chronic glomerulonephritis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/7, 1950, *to* 4/11, 1950 *that I last saw the deceased alive on* 4/11, 1950, *and that death occurred at* 6:30 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: William Krakow M. D.
23B. ADDRESS: Sinai Hosp.
23C. DATE SIGNED: 4/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-12-50
24C. NAME OF CEMETERY OR CREMATORY: Chevrah Amuno
24D. LOCATION (City, town, or county) (State): Harrisburg Pa

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Jack Levin
ADDRESS: 2100 Gatewy Pl

VS 150

131a

correct age is especially important. Physicians: please write the causes of death clearly and legi

150

50 3396

LIEBEN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3396

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SAMUEL LIEBEN

2. DATE OF DEATH: 4-11-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 803 Cathedral St
C. Length of stay in Baltimore: 40 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-18
D. STREET ADDRESS (If rural, give location): 5353 Cuthbert Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH:
9. AGE (In years last birthday): 87 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Jean Jacks — ADDRESS: 3506 Manhattan Ave

MEDICAL CERTIFICATION

18. 420.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Acute Cardiac Dilatation — Unknown
DUE TO Myocardial Failure — 30 yrs

(B) Myocardial infarction — over
DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 21, 1946, to April 11, 1950 that I last saw the deceased alive on April 7, 1950 and that death occurred at 3 p m., from the causes and on the date stated above.

23A. SIGNATURE: Peter H. Kolman — Peter H. Kolman M. D.
23B. ADDRESS: 3700 Park Heights Ave.
23C. DATE SIGNED: April 11, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/12/50
24C. NAME OF CEMETERY OR CREMATORY: Herring Run
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Levin's Sons
ADDRESS: 2100 Eutaw Pl.

VS 150

36006

94a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Kohnau
3700 Park Hgts

What was underlying
disease that gave
rise to increased failure and
terminal acute cardiac dilatation?

Letter in document file 50-3396 - 6/26/50.

640

50 3397

JL - 130025

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3397

Registered No.

1. NAME OF DECEASED (Type or Print): Emma Carroll

2. DATE OF DEATH: 4-8-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-02
D. STREET ADDRESS (If rural, give location): 1502 Division St.

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid
8. DATE OF BIRTH: April 6, 1895
9. AGE (In years last birthday): 55 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Augustus Gosnell
14. MOTHER'S MAIDEN NAME: Mary Butler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: B. C. H. Records, ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Disease

DUE TO

(C) Carcinoma of Cecum

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of Cecum

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-1-49, 19__, *to* April 8, 1950, *that I last saw the deceased alive on* April 8, 19 50, *and that death occurred at* 12.20AM, *from the causes and on the date stated above.*

23A. SIGNATURE: J. S. Rogers M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-12-50
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: George G. Kelly
ADDRESS: 1303 Eastern Ave

VS 150

46E

Physicians: please write the causes of death clearly and legibly. Supplement. This is especially important.

2-51

50 3398

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3398

Registered No.

1. NAME OF DECEASED (Type or Print): Barbara Rosenberger

2. DATE OF DEATH: APR 11 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 7-0
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 811 N. Washington St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-1-86
9. AGE (In years last birthday): 64 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John C Sauer
14. MOTHER'S MAIDEN NAME: Dorothea Sybale

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

(B) Unknown cause

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

cirrhosis of liver (cancer of stomach)

INTERVAL BETWEEN ONSET AND DEATH

(over)

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-25, 1950, *to* 4-11, 1950, *that I last saw the deceased alive on* 4-11, 1950, *and that death occurred at* 5:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Walter L. Dorsey M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 14/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Ulrich Funeral Home
ADDRESS: 2008 Orleans

VS 150

462

correct age is especially important. Physicians: please write

See Document File 50-3398
6.26.50

Query:

Was the "embrace of lover" "cause of tornado" intended to be in II other significant conditions - etc as stated death certificate or one or other to be in Section C of I?

Also please state which of two was, in your opinion, the prime underlying cause of death

620

50 3399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3399

BIRTH NO. 50-04096

1. NAME OF DECEASED (Type or Print) DALE EDWARD AYERS

2. DATE OF DEATH APRIL 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital
C. Length of stay in Baltimore 0 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Owens Mills OWINGS MILLS
D. STREET ADDRESS (If rural, give location)

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Feb 18, 1950
9. AGE (In years last birthday)
If Under 1 Year: Months 1 Days 20
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant
10B. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Martin Ayers
14. MOTHER'S MAIDEN NAME Hazel Elizabeth Fisher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Host ADDRESS E. Tyson Owings Mills Md.

MEDICAL CERTIFICATION

18. 0534

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Septicemia — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY
M. J. McClafferty M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1950, to April 10, 1950, that I last saw the deceased alive on _____, 19__, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE Jerome Auerbach M. D.
23B. ADDRESS University Hospital
23C. DATE SIGNED April 11, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4/12/50
24C. NAME OF CEMETERY OR CREMATORY St Mary's
24D. LOCATION (City, town, or county) (State) Hampden

DATE RECEIVED BY LOCAL REGISTRAR APR 12 1950
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Paul E. Schenuit Jr.
ADDRESS 3415-17 Chestnut Ave.

VS 150

24a

650 50 3400

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3400
Registered No.

1. NAME OF DECEASED (Type or Print): ELIZA GREEN

2. DATE OF DEATH: April 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 5-01
D. STREET ADDRESS (If rural, give location): 1107 E. Lexington Street

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Unknown.
9. AGE (In years last birthday): 51 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?: ✓
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Emory R. Sold — ADDRESS: 000 Brantley Ave

MEDICAL CERTIFICATION

18. 443 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I certify that I took charge of the remains described above, held an* _____ (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE: W. J. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 4/10/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-12-50
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary
24D. LOCATION (City, town, or county) (State): Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson — ADDRESS: 1000 Brantley Ave

VS 151

93 D V

300

50 3401

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3401

1. NAME OF DECEASED (Type or Print): Mary Louise Ott

2. DATE OF DEATH: April 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 5, 7-01
D. STREET ADDRESS (If rural, give location): 722 N. Linwood Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 6, 1891
9. AGE (In years last birthday): 59 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hwfe.
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Gray
14. MOTHER'S MAIDEN NAME: Rose Wolhen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Christian W. Ott, ADDRESS: 722 N. Linwood Avenue

MEDICAL CERTIFICATION

18. 570.5

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intestinal obstruction

DUE TO

(B) Post-operative adesions

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic C.V. Disease

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1950, *to* April 9, 1950, *that I last saw the deceased alive on* April 9, 1950, *and that death occurred at* 7:15 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: S. K. Kean M. D.
23B. ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: April 9, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 13, 1950
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): North Ave. & Rose St. Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Schlenker Funeral Home, Inc. ADDRESS: 2601-3-5 E. Madison St.

VS 150

correct age is especially important

93D

300

50 3402

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3402

Registered No.

1. NAME OF DECEASED (Type or Print): Georgia Moody.

2. DATE OF DEATH: April 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 124 N. Fremont Ave.
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18-01
D. STREET ADDRESS (If rural, give location): 124 N. Fremont Ave.

5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 23, 1914
9. AGE (In years last birthday): 35 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Moody
14. MOTHER'S MAIDEN NAME: Betty Vincent.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Edmonia Simmons. ADDRESS: 124 N. Fremont Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma Thyroid — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Metastasis to Spinal Cord

ANTECEDENT CAUSES

(B) Bronchopneumonia

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 24, 1950, to April 10, 1950, that I last saw the deceased alive on April 7, 1950, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Milton Levinsk M. D.
23B. ADDRESS: 1429 W. Fayette St.
23C. DATE SIGNED: 4/11/50.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 13, 1950
24C. NAME OF CEMETERY OR CREMATORY: Mt. Zion
24D. LOCATION (City, town, or county) (State): Dundalk Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 322 N. Schroeder St

VS 150

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50 3403

50 3403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Brooks

2. DATE OF DEATH: April-8, 50

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore, City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1015 Granby Street
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, City 3-02
D. STREET ADDRESS (If rural, give location): 1015 Granby Street

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 4/15/1887
9. AGE (In years last birthday): 63
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nathaniel Miller
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Frank Wright
ADDRESS: 1015 Granby St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 443 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

DUE TO

(B) Hypertension C.V.D.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-16, 1950, *to* 4-8, 1950 *that I last saw the deceased alive on* 4-6, 1950, *and that death occurred at* 4a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Leroy J. Young, M. D.
23B. ADDRESS: 930 S. Hanover St
23C. DATE SIGNED: 4-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/12/50
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn Ct
24D. LOCATION (City, town, or county) (State): Baltimore, City.

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: 108-W D.L. Brown & Son
ADDRESS: Montgomery St

VS 150

93D

correct age is especially important. If unknown, state so

037 50 3404 HARTIGAN 50 3404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Florence H. Hartigan

2. DATE OF DEATH: April 11, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

C. Length of stay in Baltimore: 60 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-64
D. STREET ADDRESS (If rural, give location): 342 E. 22nd St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 22, 1889
9. AGE (In years last birthday): 60 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10B. KIND OF BUSINESS OR INDUSTRY: U.S. F.&G. Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas E. Hartigan
14. MOTHER'S MAIDEN NAME: Florence C. Emory

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Miss Ella M. Emory ADDRESS: 342 E. 22nd St. Balto.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Acute Pulmonary Edema	20 hrs.
DUE TO (B)	Acute Congestive Heart Failure	20 hrs.
DUE TO (C)	Possible Coronary Thrombosis	20 hrs.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 10, 1950 *to* April 11, 1950 *that I last saw the deceased alive on* April 11, 1950 *and that death occurred at* 12 10 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: 4/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-14-50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Maria.
24D. LOCATION (City, town, or county) (State): Towson, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Niedefeld & Son ADDRESS: 23680 Greenmount & 22nd 93E

VS 150

correct age is especially important. Physicians, please write the

B-626

50 3405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 50 3405

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROBERT BRICKER

2. DATE OF DEATH: APRIL 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MIDDLE RIVER 5300
D. STREET ADDRESS (If rural, give location): BOX 121 BIRD RD.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7/6/1904
9. AGE (In years last birthday): 45 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10B. KIND OF BUSINESS OR INDUSTRY: Dairy Business
11. BIRTHPLACE (State or foreign country): PA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN BRICKER
14. MOTHER'S MAIDEN NAME: MARY GIFF
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-07-1518
17. INFORMANT: Amanda Bricker — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) 141X CARCINOMA OF THE TONGUE WITH METASTASES TO LUNG & CHEST WALL — INTERVAL BETWEEN ONSET AND DEATH: 11 MO.

DUE TO POST EXCISION & IRRADIATION

(B)

DUE TO

(C) CARCINOMA OF THE TONGUE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 22 NOV 49
19B. MAJOR FINDINGS OF OPERATION: CARCINOMA OF THE TONGUE
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 APRIL, 1950, *to* 11 APRIL, 1950 *that I last saw the deceased alive on* APRIL 11, 1950, *and that death occurred at* 10:45 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Edmund B. Middleton M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: April 11, 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/15/50
24C. NAME OF CEMETERY OR CREMATORY: Moreland Memorial Cemetery
24D. LOCATION (City, town, or county) (State): Balto Co Md.

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
OR FUNERAL DIRECTOR: J. Brzydzinski
ADDRESS: 1401 Eastern Ave. Essex Md

APR 12 1950 Huntington Williams, M.D.

29862

45B

correct age is especially important. Physicians: please write the causes in death county and township

B-650 50 3406

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3406

Registered No.

1. NAME OF DECEASED (Type or Print): ROSE BROWN

2. DATE OF DEATH: April 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 21-01
D. STREET ADDRESS (If rural, give location): 1001 Ridgely Street

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 54
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: Harry ~~Phippt~~ Phillips
14. MOTHER'S MAIDEN NAME: Mary Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ernest Brown
ADDRESS: 1001 Ridgely St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. E97x

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxia due to carbon monoxide poisoning

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Incised wounds of neck - self inflicted

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1001 Ridgely Street
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 7, 1950 ? m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Oven burner open but unlit

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☒, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: B H Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: April 8, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/12/50
24C. NAME OF CEMETERY OR CREMATORY: Mount Auburn
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Hartington Williams M.D.
25. FUNERAL DIRECTOR: Isaac L Brown Son
ADDRESS: 108 W Montgomery St

VS 151

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163H ✓

R-100

50 3407

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3407

1. NAME OF DECEASED (Type or Print): John Ruby

2. DATE OF DEATH: April 12th 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland 1814 E Oliver St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto

D. STREET ADDRESS (If rural, give location): 1814 E. Oliver St

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 10th 1896

9. AGE (in years last birthday): 53 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Fitter

10B. KIND OF BUSINESS OR INDUSTRY: Sparrows Point

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Adam Ruby

14. MOTHER'S MAIDEN NAME: Barbra Kuchitta

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Emma Ruby — ADDRESS: 1814 E Oliver St

MEDICAL CERTIFICATION

18. 193X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSES

(B) Tumor Brain — 3 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) — over

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Jan 1950

19B. MAJOR FINDINGS OF OPERATION: Tumor Brain

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 12, 1950, *to* April 12, 1950, *that I last saw the deceased alive on* April 11, 1950, *and that death occurred at* 12:50 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: S F A Stevens M. D.

23B. ADDRESS: 2878 Harford Rd 18

23C. DATE SIGNED: 4-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: April 14th 1950

24C. NAME OF CEMETERY OR CREMATORY: Balto National

24D. LOCATION (City, town, or county) (State): Fredrick Road

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE: Lindington Williams M.D.

25. FUNERAL DIRECTOR: Leo S. Cook — ADDRESS: 1701-03 N. Patterson Park Ave

VS 150

APR 12 1950

34F4V

54B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Malignant. Letter in document file 50-3407 - 5/4/50.

B-625

BIRTH NO. 50 3408

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3408

1. NAME OF DECEASED (Type or Print): Carrie Katz Bergen

2. DATE OF DEATH: April 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Balto. Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Temple Gardens Apts. ~~Eutaw Place~~ Madison Ave.
C. Length of stay in Baltimore: 30 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 13-01
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 2601 Madison Ave
D. STREET ADDRESS (If rural, give location): Eutaw Pl. (Temple Gardens Apts.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 26, 1891
9. AGE (In years last birthday): 58 — If Under 1 Year: Months 6, Days 15 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Simon Katz.
14. MOTHER'S MAIDEN NAME: Mary Rosenstock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Dr. Leitz. ADDRESS: Eutaw Pl. Temple Gardens Apt.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial failure — 1 month

DUE TO

(B) Coronary thrombosis — 2 years

DUE TO

(C) Cardio-Renal vascular disease — 6 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): no
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): ✓
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): ✓
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? ✓

22. *I hereby certify that I attended the deceased from* April, 19 49 *to* April 11, 1950, *that I last saw the deceased alive on* April 11, 1950, *and that death occurred at* 5 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. Frederick Leitz M. D.
23B. ADDRESS: Temple Garden Apt
23C. DATE SIGNED: April 12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 13, 1950
24C. NAME OF CEMETERY OR CREMATORY: Oheb Shalom
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: David Lord Rechtshaf
ADDRESS: 1902 Eutaw Pl.

VS 150

131a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-540
50 3409

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3409

1. NAME OF DECEASED (Type or Print): Richard Benjamin Hanley
2. DATE OF DEATH: April 9, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DO 2329 Guilford Ave.
C. Length of stay in Baltimore: 35 yrs. (Yrs. Mos. Days)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-04
D. STREET ADDRESS (If rural, give location): 2329 Guilford Ave.
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 5, 1883
9. AGE (In years last birthday): 67 / 66
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hanover Co. Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Isaac Hanley
14. MOTHER'S MAIDEN NAME: Ella Crawford
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 220-09-8483
17. INFORMANT: Mr. Isaac Hanley ADDRESS 2329 Guilford Ave.

MEDICAL CERTIFICATION

18. 151 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma Stomach 63

DUE TO

(B) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 11 -, 1950, to Apr 9, 1950, that I last saw the deceased alive on _____, 19__ and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 2329 Guilford Ave
23C. DATE SIGNED: Apr 11 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/12/1950
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Pk.
24D. LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home ADDRESS: 1631 David Hill Ave.

VS 150

98899

46B

Physicians: please write the causes of death clearly and legibly. correct age is especially important.

H-620

BIRTH NO. 50 3410

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 3410

1. NAME OF DECEASED (Type or Print): VIRGINIA HARRIS

2. DATE OF DEATH: 4-10-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: 34 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 14-03
D. STREET ADDRESS (If rural, give location): 561 BAKER St.

5. SEX: F
6. COLOR OR RACE: N
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: MAR. 4, 1916
9. AGE (In years last birthday): 34 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic WORKER
10B. KIND OF BUSINESS OR INDUSTRY: MAID - STORE
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: William HARRIS
14. MOTHER'S MAIDEN NAME: Sophia Griffin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-16-3207
17. INFORMANT: Sophie Griffin-Baker ADDRESS 561

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CEREBRAL HEMORRHAGE — 10 min
DUE TO
(B) hypertensive cardio-vascular disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-6, 1950, *to* 4-10, 1950, *that I last saw the deceased alive on* 4-10, 1950, *and that death occurred at* 8:45 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Gene A. Trettin M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: 4-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/13/50
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 Druid Hill Ave.

VS 150

71479 410 93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-600

50 3411

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3411

Registered No.

1. NAME OF DECEASED (Type or Print): WALTER H. geyer

2. DATE OF DEATH: 4-10-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2810 Berwick Ave
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-07
D. STREET ADDRESS (If rural, give location): 2810 Berwick Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: May 11-1891
9. AGE (In years last birthday): 58
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): optical Salesman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles geyer
14. MOTHER'S MAIDEN NAME: Fredericka Noerner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-09-4822
17. INFORMANT: Mrs. Leona geyer
ADDRESS: 2810 Berwick

MEDICAL CERTIFICATION

1B. 4201

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

(B) Cardio Vascular — 3 yrs

DUE TO

(C) Hypertension — 3 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 28, 1950 *to* April 10, 1950 *that I last saw the deceased alive on* April 9, 1950, *and that death occurred at* 3 10 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Edwin H Benson M. D.
23B. ADDRESS: 1 W. Overlea
23C. DATE SIGNED: 4/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/12/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: L J Luck
ADDRESS: 5305 Harford Ca

VS 150

27460

93D

correct age is especially important. Physicians: please write the causes of death clearly.

Dr. Benson
1 W. overlea

Important: Physicians: please write the causes of death clearly and legibly.

Dr. Janney
S-510

BIRTH NO. 50 3412

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3412
Registered No.

1. NAME OF DECEASED (Type or Print): John Z. Schonhoff
2. DATE OF DEATH: Apr. 10-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3010 Clearview Ave.
Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-05
D. STREET ADDRESS (If rural, give location): 3010 Clearview Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 12, 1876
9. AGE (In years last birthday): 74 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired City Baltimore - gen'l. Insp.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Bernard Schonhoff
14. MOTHER'S MAIDEN NAME: Sophia Vey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Rose Schonhoff — ADDRESS: 3010 Clearview

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic myocarditis
DUE TO
(B) Arteriosclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased* ~~from~~ on Apr. 10, 1950, to _____, 19__, *that I last saw the deceased alive on* Apr. 10, 1950, *and that death occurred at* 7:00 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Nathan Janney M. D.
23B. ADDRESS: 7101 Harford Rd.
23C. DATE SIGNED: 4/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-13-50
24C. NAME OF CEMETERY OR CREMATORY: Parkewood
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Lemington Williams, M.D.
25. FUNERAL DIRECTOR: L. J. Luck — ADDRESS: 5305 Harford Rd.

VS 150

31898

93

E-242
50 3413

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3413
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Paul William Eckels
2. DATE OF DEATH: 4-11-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hosp
C. Length of stay in Baltimore: 68 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City 26-01
D. STREET ADDRESS (If rural, give location): 4209 Belmar Avenue #6

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 5-23-8[illegible]
9. AGE (In years last birthday): 68 | If Under 1 Year: Months: Days | If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): President
10B. KIND OF BUSINESS OR INDUSTRY: Eckels Ice Cream Co.
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Eckels
14. MOTHER'S MAIDEN NAME: Caroline Lenzer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Florence A. Eckels ADDRESS: 4209 Belmar Avenue

MEDICAL CERTIFICATION

18. 332X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypostatic pneumonia — terminal

DUE TO

(B) Cerebral thrombosis — 3 mos

DUE TO

(C) Generalized cerebral arteriosclerosis — years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-4, 1950 *to* 4-11, 1950, *that I last saw the deceased alive on* 4-11, 1950 *and that death occurred at* 33A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Marguerite Irma Cadle M.D.
23B. ADDRESS: Maryland General Hosp
23C. DATE SIGNED: 4-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 4/14/50
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: BALTIMORE 13, MARYLAND
George F. Sander 83B

VS 156 156 X3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-652

BIRTH NO. 50 3414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3414

1. NAME OF DECEASED (Type or Print): WILLIAM S. BURNS

2. DATE OF DEATH: April 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3912 Juniper Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-01
D. STREET ADDRESS (If rural, give location): 3912 Juniper Rd.

Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widower
8. DATE OF BIRTH: Dec. 31, 1855
9. AGE (In years last birthday): 94
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprietor (rtd)
10B. KIND OF BUSINESS OR INDUSTRY: Bldg. construction
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Burns
14. MOTHER'S MAIDEN NAME: Fatima Cockey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. Albert Burns
ADDRESS: 3912 Juniper Rd.

MEDICAL CERTIFICATION

1B. 151 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Carcinoma of stomach — 1 yr

DUE TO

(B) cachexia — 3 mos.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 3, 1949 *to* Apr 4, 1950; *that I last saw the deceased alive on* Apr 4, 1950, *and that death occurred at* 12 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: G A Bauden M. D.
23B. ADDRESS: 323 Med Arts Bldg.
23C. DATE SIGNED: 4/12/50.

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 4/13/50
24C. NAME OF CEMETERY OR CREMATORY: Greenmount Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Lyon Montague, M.D.
25. FUNERAL DIRECTOR: Wm. J. Lickener & Sons
ADDRESS: Balto Md

VS 150

46 B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0-425
50 3415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3415
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SASHA OLEJNIKOW

2. DATE OF DEATH: April 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Russia
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location): 4-01 over

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: Dec. 26, 1948
9. AGE (In years last birthday): 1 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Viktor Olejnikow
14. MOTHER'S MAIDEN NAME: Raisa Olejnikow

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Brethern Service Center
ADDRESS: New Windsor, Md.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 7544

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital heart disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X] *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Paul L. Royer M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: April 12, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): B
24B. DATE: 4-13-50
24C. NAME OF CEMETERY OR CREMATORY: Pine Creek
24D. LOCATION (City, town, or county) (State): New Windsor Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Lurlington Williams M.D.
25. FUNERAL DIRECTOR: Raymond F. Wright
ADDRESS: Union Bridge Md

VS 151

157E

Taken sick on the train and rushed to hospital. Was on the way to New Windsor, Md.

J-525

BIRTH NO. 50 3416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3416

1. NAME OF DECEASED (Type or Print): Ellen Brown Johnson

2. DATE OF DEATH: 4/10/1950

3. PLACE OF DEATH: A. Baltimore City, Maryland — Balto. City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00 1131 Brisco St

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bato. City 21-01
D. STREET ADDRESS (If rural, give location): 1131 Brisco St

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/19/1889
9. AGE (in years last birthday): 60 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Johnson
14. MOTHER'S MAIDEN NAME: Sarah Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Geniva Carter — ADDRESS: 1131 Brisco St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) 334X Cerebral Apoplexy

DUE TO

(B) Paralysis

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/12 50, 19__, *to* 4/10 50, 19__, *that I last saw the deceased alive on* 4/9, 1950 *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 2139 [illegible]
23C. DATE SIGNED: 4/12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/14/1950
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn A.A. CO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson
ADDRESS: 1000 Brantly Ave

VS 150

3416

83a

PLEASE WRITE PLAINLY, USE INKING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-424
50 3417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3417
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Julia Blackwell

2. DATE OF DEATH: 4/II/1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 600 W. Lanvale St
00
C. Length of stay in Baltimore: 30 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
17-02
D. STREET ADDRESS (If rural, give location): 600 W. Lanvale St

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 5/ I5/I878
9. AGE (In years last birthday): 7I
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Norththumbland Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lively Diggs
14. MOTHER'S MAIDEN NAME: Rachal Diggs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Inez Ellison
ADDRESS: 600 W. Lanvale St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 593X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Nephritis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/10 *1950, to* 4/11 *1950, that I last saw the deceased alive on* 4/11 *1950, and that death occurred at* 5:45 a *m., from the causes and on the date stated above.*

23A. SIGNATURE: Ralph W. Redding M. D.
23B. ADDRESS: 420 N. Gilmor
23C. DATE SIGNED: 4/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/I3/1950
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn A.A.CO.Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson
ADDRESS: 1000 Brantly Ave

VS 150

132

PLEASE WRITE PLAINLY, WITH INFRADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 4-12-50

A-643 50 3418

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 50 3418

Registered No.

1. NAME OF DECEASED (Type or Print) Mrs. Lillian Arledge (Lillian J. Arledge.)

2. DATE OF DEATH 4-10-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bon Secours Hosp.

C. Length of stay in Baltimore 1 mo. 4 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland Texas
B. COUNTY V-40
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Midland
D. STREET ADDRESS (If rural, give location) ~~3700 Edmondson Ave~~ 1908 W. Texas

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED

8. DATE OF BIRTH Feb. 11, 1902

9. AGE (In years last birthday) 48

If Under 1 Year: Months Days

If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk

10B. KIND OF BUSINESS OR INDUSTRY Oil Industry

11. BIRTHPLACE (State or foreign country) Balto.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John A. McCurry

14. MOTHER'S MAIDEN NAME Mary L. Cullen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 464-24-5696

17. INFORMANT Mrs. Mae S. Bobb. ADDRESS 3700 Edmondson Ave.

MEDICAL CERTIFICATION

18. 174X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized carcinomatosis

DUE TO

(B) Carcinoma of uterus & metastasis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-9, 1950, *to* 4-10, 1950, *that I last saw the deceased alive on* 4-10, 1950, *and that death occurred at* 3 Am., *from the causes and on the date stated above.*

23A. SIGNATURE D. Shohler M. D.

23B. ADDRESS Bon Secours Hosp

23C. DATE SIGNED 4/10/50

24A. BURIAL, CREMATION, REMOVAL (Specify) burial

24B. DATE apr. 12, 1950

24C. NAME OF CEMETERY OR CREMATORY St. Charles Cem.

24D. LOCATION (City, town, or county) (State) Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 13 1950

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR C. Vernon Lemmon ADDRESS 4611 Park Heights Ave.

26660

48B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-650
50 3419

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3419

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lonnie Warren

2. DATE OF DEATH: APR 9 - 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: 20 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-07
D. STREET ADDRESS (If rural, give location): 1721 Ellsworth St

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 6.2.24
9. AGE (In years last birthday): 25 26 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Robbins N. Carolina
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: George Warren
14. MOTHER'S MAIDEN NAME: Nola Cunningham
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Massive pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: 10d + 5 min

DUE TO

(B) Rheumatic heart disease 2 yrs

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-8-, 1950, *to* 4-9-, 1950, *that I last saw the deceased alive on* 4-9-, 1950, *and that death occurred at* 8:00 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: David E. Rogers M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Robbins N. Carolina

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs. Robert A. Elliott, Daughter — ADDRESS: 112 W. N. Carolina St

VS 150

98899

92B

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

W-425

X 50 3420

BIRTH NO. 50 3420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): William Wilson

2. DATE OF DEATH: April 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinecrest Sanatarium
C. Length of stay in Baltimore: 10 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brightside Station
D. STREET ADDRESS (If rural, give location): Brightside Rd. Balto 12

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Mar. 1864
9. AGE (In years last birthday): 86 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Handyman
10B. KIND OF BUSINESS OR INDUSTRY: Country Home
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: Fanny D Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mr John Cromwell — ADDRESS: Brightside Rd.

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic myocarditis with myo-
DUE TO Cardial degeneration (Arteriosclerosis) — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized arteriosclerosis
DUE TO — ?

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Senility — ?

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 3, 1950, to April 11th, 1950, that I last saw the deceased alive on April 11, 1950, and that death occurred at 10:45 P m., from the causes and on the date stated above.

23A. SIGNATURE: Melvin N. Borden M. D.
23B. ADDRESS: 2030 W. Fayette St
23C. DATE SIGNED: 4/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: Apr 14/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Washington Williams M.D.
25. FUNERAL DIRECTOR: Henry N. Jenkins & Sons Co
ADDRESS: 4905 York Rd 93

FILL WHAT IS KNOWN. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

L-500

50 3421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3421

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GOLDIE LAYNE

2. DATE OF DEATH: 4/10/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 225 N. Calhoun St
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 19-02
D. STREET ADDRESS (If rural, give location): 225 N. Calhoun St

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2/26/1895
9. AGE (In years last birthday): 55
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Trower
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: W. Herman Layne (H) ADDRESS: 225 N. Calhoun St

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiac Vascular chronic lyme
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 2, 19[illegible], *to* April 10, 19[illegible], *that I last saw the deceased alive on* April 10, 19[illegible], *and that death occurred at* 4:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: [illegible]
23C. DATE SIGNED: 4/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/13/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 18 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Chas. G. Cooper
ADDRESS: 512 N. Carrollton A

VSL 130

93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

536 Hospital 50 3422 Dispo 2 SAUNDERS 50 3422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 50-062-68

1. NAME OF DECEASED (Type or Print): Baby Girl Saunders

2. DATE OF DEATH: Mar. 26, 50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-01
D. STREET ADDRESS (If rural, give location): 1053 Harford Ave.

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: 3/26/50
9. AGE (In years last birthday): If Under 1 Year: Months: Days: If Under 24 Hours: Hours: 6 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME: Sarah ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. 760.5

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Sub Arachnoid Hemorrhage

DUE TO

(B) Birth Injury

DUE TO

(C) Prematurity

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 26, 1950 *to* Mar 26, 1950 *that I last saw the deceased alive on* Mar. 26, 1950 *and that death occurred at* 1:15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: E. R. Robinson M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: Hoy Desrosse
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS

0 3 4 2 2

VS 150

160a

PLEASE WRITE CLEARLY, with Indelible Pencil. Physicians: please write the causes of death clearly and legibly. Accurate and correct age is especially important.

140

BIRTH NO. 50 3423

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 50 3423

1. NAME OF DECEASED (Type or Print): EMMA KATHERINE SHIPLEY

2. DATE OF DEATH: 12 APRIL 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNION MEMORIAL HOSPITAL
C. Length of stay in Baltimore: YRS (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: MARYLAND
B. COUNTY: ~~Balto~~ ~~AGE~~ BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WESTMINSTER
D. STREET ADDRESS (If rural, give location): —

5641

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 1/14/1873
9. AGE (In years last birthday): 77 — If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOHN GEINAN
14. MOTHER'S MAIDEN NAME: AMELIA RHINEHART
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: HUSBAND — ADDRESS: SAME

MEDICAL CERTIFICATION

18. 331 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBRO-VASCULAR ACCIDENT — 4 days

DUE TO

ANTECEDENT CAUSES

(B) GENERALIZED ARTERIOSCLEROSIS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APRIL 9, 1950, *to* APRIL 12, 1950, *that I last saw the deceased alive on* APRIL 12, 1950, *and that death occurred at* 3:05 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Richard K. Beard MD M. D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: 4-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 15-50
24C. NAME OF CEMETERY OR CREMATORY: Westminster Cem
24D. LOCATION (City, town, or county) (State): Carroll Co

DATE RECEIVED BY LOCAL REGISTRAR: APR 18 1950
REGISTRAR'S SIGNATURE: Ira S. Williams M.D.
25. FUNERAL DIRECTOR: H. Burchard — ADDRESS: New Westminster Md.

VS 150

61

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R60

50 3424

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3424

1. NAME OF DECEASED (Type or Print): CECELIA S. FISHER

2. DATE OF DEATH: Apr.10,1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 0 2305 St. Paul St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-10
D. STREET ADDRESS (If rural, give location): 4012 Maine Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: June 22,1877
9. AGE (In years last birthday): 72 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered Nurse
10B. KIND OF BUSINESS OR INDUSTRY: Nursing
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John A. Sweitzer
14. MOTHER'S MAIDEN NAME: Mary R. Clipper

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mary O. Murphy, ADDRESS: 2537 E. Oliver St.

MEDICAL CERTIFICATION

18. 4/20.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — 1 day

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Also Meningocele — life

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Urinary Incontinence — 3 years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. , 1950, *to* April 10, 1950, *that I last saw the deceased alive on* April 9, 1950, *and that death occurred at* 12:30 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. Ellsworth Cook M. D.
23B. ADDRESS: 2431 Maryland.
23C. DATE SIGNED: 4-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/13/50
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): Anne Arundel Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: William Cole
ADDRESS: 1217 St Paul St

VS 150

V3692

94a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

260

50 3425

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3425

1. NAME OF DECEASED (Type or Print): ELVIN V. ROSIER

2. DATE OF DEATH: April 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Parkton~~ Rural near White Hall.
D. STREET ADDRESS (If rural, give location): 5 mi. N.E. of White Hall.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Jan. 22, 1914
9. AGE (In years last birthday): 36 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer.
10B. KIND OF BUSINESS OR INDUSTRY: Construction.
11. BIRTHPLACE (State or foreign country): Parkton, Md. R.D.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Millard Rosier
14. MOTHER'S MAIDEN NAME: Jennie Simpson.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Jennie Rosier — ADDRESS: Parkton, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E910.3

(A) Crushed Chest

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Industrial place
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Hawkins Point
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 12, 1950 10.45 a.m.
21E. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? Crushed by 120' H beam

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Carl L. Pryor M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: April 12, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 15, 1950
24C. NAME OF CEMETERY OR CREMATORY: West Liberty
24D. LOCATION (City, town, or county) (State): White Hall, Md. R.D.

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Jacob Karlestein
ADDRESS: New Freedom

VS 151

N-862 988V9 186B

263

3426 JL- 137191

BIRTH NO. 50-07188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3426

1. NAME OF DECEASED (Type or Print): Baby Boy Bosworth- Gilda

2. DATE OF DEATH: 4-10-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital 4940 Eastern Ave.
C. Length of stay in Baltimore: 1 hr. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-06
D. STREET ADDRESS (If rural, give location): 1501 Raven Ct- 24

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 4-10-50
9. AGE (In years last birthday): If Under 1 Year: Months / Days; If Under 24 Hours: Hours 1 / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Pindleton Bosworth
14. MOTHER'S MAIDEN NAME: Gilda Washington
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: B.C. H. Records
ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. 767.5

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fetal Atelectasis

DUE TO Prematurity

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: -
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-10-50, 19__, *to* April 10, 19 50 *that I last saw the deceased alive on* April 10, 19 50, *and that death occurred at* 1.45AM, *from the causes and on the date stated above.*

23A. SIGNATURE: H. Boyer M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 4-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 4-11-50
24C. NAME OF CEMETERY OR CREMATORY: Balto. City Hospital
24D. LOCATION (City, town, or county) (State): 4940 Eastern Ave. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR:
ADDRESS:

VS 150

1950 0 0 3 4 2 6

159

correct age is essentially important. Physicians: please write the causes of death clearly and legibly.

JT- 13/19/1

262

MS--136239

50 3427

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3427

Registered No.

1. NAME OF DECEASED (Type or Print): Cornelia Naomi Rogers

2. DATE OF DEATH: April 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals, 4940 Eastern Ave.
C. Length of stay in Baltimore: Yrs. life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 5-01
D. STREET ADDRESS (If rural, give location): 1206 H. Court Zone 2

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 12, 1918
9. AGE (In years last birthday): 31
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Turner (Dec)
14. MOTHER'S MAIDEN NAME: May Ringold

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records* ADDRESS: Baltimore City Hospitals 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. 010

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Tuberculous Meningitis

DUE TO

(B) Miliary Tuberculosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-2- *, 1950, to* 4-11- *, 1950, that I last saw the deceased alive on* 4-11- *, 1950, and that death occurred at* 7:30 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 4-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-15-50
24C. NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery
24D. LOCATION (City, town, or county) (State): Randallstown, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: Christington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Frances A. Hemsley
ADDRESS: 578 W. Biddle St.

VS 150

(Mrs) Frances A. Hemsley

13 B

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-200

50 3428

MS-134518

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3428

Registered No.

1. NAME OF DECEASED (Type or Print): Jennie Ashe

2. DATE OF DEATH: April 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals, 4940 Eastern Ave.
31
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore (31) X 3-01
D. STREET ADDRESS (If rural, give location): 316 Herring Ct.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 27, 1915
9. AGE (In years last birthday): 34 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINE OPERATOR
10B. KIND OF BUSINESS OR INDUSTRY: TAILORING
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Paul Soroka (D)
14. MOTHER'S MAIDEN NAME: Martha Panchek
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 220-14-9964
17. INFORMANT: Baltimore City Hospitals Records* ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. 002 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bilateral Pulmonary Tuberculosis
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-28- 1949 *to* 4-10- 1950 *that I last saw the deceased alive on* 4-10- 1950 *and that death occurred at* 5:00 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: A. Cloyes M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 4-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Buried
24B. DATE: 14 APR. 1950
24C. NAME OF CEMETERY OR CREMATORY: St. Andrew's Russian Orth.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1950
REGISTRAR'S SIGNATURE: Clayton Williams, M.D.
25. FUNERAL DIRECTOR: Walter Brooks Bradley
ADDRESS: Dundalk, Md.

VS 150

496 06 3428 13B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640

50 3429

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3429

Registered No.

1. NAME OF DECEASED (Type or Print): Lillian M. Correll

2. DATE OF DEATH: April 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2932 St. Paul St.
C. Length of stay in Baltimore: life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: none
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-02
D. STREET ADDRESS (If rural, give location): 2932 St. Paul St.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: April 24, 1876
9. AGE (In years last birthday): 73 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Stewart D. Correll
14. MOTHER'S MAIDEN NAME: Elizabeth Va. Blair
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Edna Correll Bell — ADDRESS: 2932 St. Paul St.

MEDICAL CERTIFICATION

18. 578 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Leptomeningitis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

(B) Thrombosis Iliac Vein st — 1 month

DUE TO

(C) Infection Intestinal tract — 3 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1950 *to* April 11, 1950, *that I last saw the deceased alive on* April 11, 1950, *and that death occurred at* 5 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Herbert M. Foster M. D.
23B. ADDRESS: 2824 St. Paul St.
23C. DATE SIGNED: April 12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): entombment
24B. DATE: 4/14/50
24C. NAME OF CEMETERY OR CREMATORY: Greenmount Mausoleum
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Pl.

VS 150

Dr. Foster

24a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-242

50 3430

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3430

Registered No.

1. NAME OF DECEASED (Type or Print): Thomas F. McLaughlin

2. DATE OF DEATH: April 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland: Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 613 E. 30th, St.
C. Length of stay in Baltimore: 38 — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 613 E. 30 St. 9-04

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 29, 1911
9. AGE (In years last birthday): 38 — If Under 1 Year: Months 10, Days 13; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freight Checker
10B. KIND OF BUSINESS OR INDUSTRY: B&O R.R.
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas F. McLaughlin
14. MOTHER'S MAIDEN NAME: Bessie L. Watkins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Bessie L. McLaughlin — ADDRESS: 613 E. 30 St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) 490 X Lobar Pneumonia

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 10, 1950, *to* April 11, 1950, *that I last saw the deceased alive on* April 11, 1950, *and that death occurred at* 11 15 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: William H. Fuesting M. D.
23B. ADDRESS: 11 E. Chase St.
23C. DATE SIGNED: 4-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 14, 1950
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Elmer W. Conklin
ADDRESS

VS 150

26647

108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct as age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Wm. H. Fuesting
11 E. Chase St.

R-400 Ruley

50 3431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3431

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Christopher George Ruley

2. DATE OF DEATH: 4/11/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore: Yrs. 3 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore (21) Ward
D. STREET ADDRESS (If rural, give location): 1305 Eastern Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1/26
9. AGE (In years last birthday): 45
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Ruley
14. MOTHER'S MAIDEN NAME: Annie Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-01-4455
17. INFORMANT: Hosp. Records
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic rheumatic heart disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/8/50 to 4/11/50, that I last saw the deceased alive on 4/11/50, and that death occurred at 9 P. m., from the causes and on the date stated above.

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 1213 Light Street
23C. DATE SIGNED: 4/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/15/50
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): 7225 Eastern ave

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: Lurlington Williams, M.D.
25. FUNERAL DIRECTOR: Clarence F. Hoffman
ADDRESS: 1639 Broadway

VS 150

15661 95B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-416

50 3432

BIRTH NO. 50 3432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Mary Wolbert

2. DATE OF DEATH: April 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3425 O'Donnell St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-09
D. STREET ADDRESS (If rural, give location): 3425 O'Donnell St.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Nov. 16, 1866
9. AGE (In years last birthday): 83
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: George Waldmann
14. MOTHER'S MAIDEN NAME: B arbara Wich
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Bertha Ermer ADDRESS: 3425 O'Donnell

MEDICAL CERTIFICATION

18. 442X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia - chronic nephritis — April 6/50

DUE TO

(B) Cardio-vascular-renal — —

DUE TO

(C) arterio sclerosis — —

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from March 27, 1950, to April 10, 1950, that I last saw the deceased alive on April 9, 1950, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE: Louis F. Krumein M. D.
23B. ADDRESS: 722 N. Glenwood Ave
23C. DATE SIGNED: April 11/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 13, 1950
24C. NAME OF CEMETERY OR CREMATORY: First Evangelical
24D. LOCATION (City, town, or county) (State): O'Donnell St.

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Clarence F. Hoffmann ADDRESS:
Clarence F. Hoffmann

VS 150

131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-550

50 3433

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3433

Registered No.

1. NAME OF DECEASED (Type or Print): NOONAN MARIE (MARY) H. NOONAN

2. DATE OF DEATH: 4/12/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland: Balto. Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Sq. Hospital
C. Length of stay in Baltimore: 26 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
B. COUNTY
1424 Marshall St. Balto. Md.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Md.
D. STREET ADDRESS (If rural, give location): 1424 Marshall St. 23-02

5. SEX: Fe
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 11/7/93
9. AGE (In years last birthday): 56
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Koesters
14. MOTHER'S MAIDEN NAME: Margaret Oeters

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Franklin Sq. Hospital
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

(B) Hypertension — ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-10, 1950, *to* 4-12, 1950, *that I last saw the deceased alive on* 4-11, 1950, *and that death occurred at* 8:10 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Morris B. Schreiber M. D.
23B. ADDRESS: 548 Fulton Ave
23C. DATE SIGNED: 4-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4-15-1950
24C. NAME OF CEMETERY OR CREMATORY: HOLY CROSS CEM
24D. LOCATION (City, town, or county) (State): A. A. Co.

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: Bernard G. Hurle
ADDRESS: 131 E West

VS 150

83a

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640 CARROLL

50 3434
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3434

1. NAME OF DECEASED (Type or Print): Reverend John Carroll S. J.

2. DATE OF DEATH: April 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: 3 months Mos.

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Woodstock 5300
D. STREET ADDRESS (If rural, give location): Woodstock College

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 26, 1901
9. AGE (In years last birthday): 48
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Religious
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York, N.Y.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Patrick Carroll
14. MOTHER'S MAIDEN NAME: Mary Reilly
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Meningo-encephalomyelitis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

DUE TO

(B)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO Acute Infectious Arthritis — 3 months

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes mellitus — 15 years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/31/, 1950, *to* 4/11, 1950, *that I last saw the deceased alive on* 4/11, 1950, *and that death occurred at* 2:25 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Thomas B. Lowry M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: 4/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-14-50
24C. NAME OF CEMETERY OR CREMATORY: Woodstock College Cem
24D. LOCATION (City, town, or county) (State): Woodstock MD

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Bernard C. Harle
ADDRESS: 1216 E. West St.

VS 150

V0894 61

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

530

50 3435

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3435

1. NAME OF DECEASED (Type or Print): LOUIS THEODORE SCHMIDT

2. DATE OF DEATH: Apr. 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2921 Fleetwood Avenue
C. Length of stay in Baltimore: 79 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-07
D. STREET ADDRESS (If rural, give location): 2921 Fleetwood Avenue

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Nov. 12, 1869
9. AGE (In years last birthday): 80 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter - Ret.
10B. KIND OF BUSINESS OR INDUSTRY: 20 Yrs
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ? Schmidt
14. MOTHER'S MAIDEN NAME: Martha ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. J. E. Schmidt ADDRESS: 3805 Ednor Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: L

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/5, 1950, *to* 4/10, 1950, *that I last saw the deceased alive on* 4/8, 1950 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. Joseph Toohey M. D.
23B. ADDRESS: 441 S. Ellwood Ave
23C. DATE SIGNED: 4/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 4/13/50
24C. NAME OF CEMETERY OR CREMATORY: OAK LAWN CEMETERY
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: BALTIMORE - 13, MARYLAND

VS 150

Peerie A. Hill - 94a

400

50 3436

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3436

Registered No.

1. NAME OF DECEASED (Type or Print): Henrietta Queen Hall

2. DATE OF DEATH: 4/10/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland 723 W. Fairmount Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: Lifetime (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Balto.
B. COUNTY
C. CITY OR TOWN: Balto. (If outside corporate limits, write RURAL and give township) 4-02
D. STREET ADDRESS (If rural, give location): 723 W. Fairmount Ave.

5. SEX: F.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH: 4-2-1897
9. AGE (In years last birthday): 53 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ZACHARIAH QUEEN
14. MOTHER'S MAIDEN NAME: Georgina Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Emma Worsey — ADDRESS: 914 W. Fayette St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 wks

DUE TO

(B) Hypertension

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/29 *1889, to* 4/10 *, 19*50*, that I last saw the deceased alive on* 4/9 *, 19*50*, and that death occurred at* 6 *pm from the causes and on the date stated above.*

23A. SIGNATURE: Wm Crane M. D.
23B. ADDRESS: 753 George St
23C. DATE SIGNED: 4/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-14-50
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Balto.

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: Thomas J. Williams, M.D.
25. FUNERAL DIRECTOR: Walter B. Griggs
ADDRESS: 139 W. Hamburg St.

VS 150

83a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-420

50 3437

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3437

Registered No.

1. NAME OF DECEASED (Type or Print): Sophie A Willis VOGELER

2. DATE OF DEATH: April 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Union memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Tudor Arms Apt. 13-07

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 10, 1887
9. AGE (In years last birthday): 62 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jerome Vogeler
14. MOTHER'S MAIDEN NAME: Laura Draue (Your)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Sloan Willis (son) ADDRESS: Towson #4, Md.

MEDICAL CERTIFICATION

18. 161 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Larynx & extension — 18 years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 21 1950, *to* April 11, 1950, *that I last saw the deceased alive on* April 11, 1950, *and that death occurred at* 10:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: W. A. Cox M. D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: 4/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr-14-1950
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Stewart & Mowen Co.
ADDRESS: 108 W. North Ave.

VS 150

City #1. 47a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-520

50 3438

50 3438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John Henry Henshaw

2. DATE OF DEATH: Apr-12-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland 911 Cathedral
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Stewart Apts
C. Length of stay in Baltimore 55 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belle.
D. STREET ADDRESS (If rural, give location): 911 Cathedral

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Mar-29-1867
9. AGE (In years last birthday): 83 yrs.
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk & Lift.
10B. KIND OF BUSINESS OR INDUSTRY: Stewart Apts.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John J Henshaw
14. MOTHER'S MAIDEN NAME: Margaret Rouzer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO. 217-16-7718
17. INFORMANT: Miss M. Grace Henshaw - Sister
ADDRESS: Thurmont

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) arterio. sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

DUE TO

(B) Chronic Myocarditis

DUE TO

(C) Old age.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 5 -, 1950, *to* Apl. 11., 1950, *that I last saw the deceased alive on* Apl 11., 1950, *and that death occurred at* 2.a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Albert C. Blake M. D.
23B. ADDRESS: 422 Med. Arts Bldg. Balto. 1
23C. DATE SIGNED: 4-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr-14-50
24C. NAME OF CEMETERY OR CREMATORY: U. B. Ch. Cemetery
24D. LOCATION (City, town, or county) (State): Thurmont - Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Stewart Moxley
ADDRESS: Balto Md

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93

Dr. G. Blake - Med Asts.

5-550.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3439

BIRTH NO. 50 3439

1. NAME OF DECEASED (Type or Print): Schuman, Miss Susie Virginia

2. DATE OF DEATH: April 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home for Incurables. 700 W. 40th St.
C. Length of stay in Baltimore: Yrs. Mos. Days: life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-07
D. STREET ADDRESS (If rural, give location): —

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 18-1876
9. AGE (In years last birthday): 74
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Schuman
14. MOTHER'S MAIDEN NAME: Annie Rebecca Langley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Charlotte Ettermann
ADDRESS: Home for Incurables - record

MEDICAL CERTIFICATION

18. 480 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia & Influenza — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Recurring attacks Influenza — 1 month

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Paralysis Agitans — 15 years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6th, 1949, to April 11th, 1950, that I last saw the deceased alive on April 11th, 1950, and that death occurred at 10:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE: Thomas Conrad Wolff M. D.
23B. ADDRESS: 11 East Chase St. Baltimore 2 Md.
23C. DATE SIGNED: April 11th 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4/14/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.
24D. LOCATION (City, town, or county) (State): Frederick Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: John F. Denny, Inc.
ADDRESS: 715 Light St. - 30

VS 150

33a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-636

50 3440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3440

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): HELEN A. WARTHER

2. DATE OF DEATH: APRIL 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2658 HARFORD RD.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 9-07
D. STREET ADDRESS (If rural, give location): 2658 HARFORD RD.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JAN. 27, 1875
9. AGE (In years last birthday): 75
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FREDERICK WOCKENFUSS
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: MRS LEONA W. CHAMBERS
ADDRESS: 2658 HARFORD RD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

(B) Chronic Myocarditis — 2 years

DUE TO

(C) Chronic Parenchymatous Nephritis — 5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): none
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: none
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1950, to April 11, 1950, that I last saw the deceased alive on April 10, 1950, and that death occurred at 4 m., from the causes and on the date stated above.

23A. SIGNATURE: R. L. Grady M. D.
23B. ADDRESS: 5106 Harford Rd.
23C. DATE SIGNED: 4-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4/14/50
24C. NAME OF CEMETERY OR CREMATORY: ST. PAUL'S LUTH.
24D. LOCATION (City, town, or county) (State): VOLCEVILLE, MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: JOHN F. DENNY, INC.
ADDRESS: 715 LIGHT ST.

VS 150

131a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mrs Gordy

5746 Hanford Rd

8-9 AM 6-8 pm
Except Weds & Sunday

S-500

50 3441

50 3441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Sweeney

2. DATE OF DEATH: 4-11-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-02
D. STREET ADDRESS (If rural, give location): 3333 North Charles Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: 2-11-1870
9. AGE (In years last birthday): 80
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dennis Brennan
14. MOTHER'S MAIDEN NAME: Catherine Dulaney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Miss. Anna K. Sweeney
ADDRESS: 3333 N. Charles St

MEDICAL CERTIFICATION

18. 331 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerosis, generalized

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-18, 1950 *to* 4-11, 1950 *that I last saw the deceased alive on* 4-11, 1950 *and that death occurred at* 11.50 *pm., from the causes and on the date stated above.*

23A. SIGNATURE: S. K. Kean M. D.
23B. ADDRESS: St. Joseph Hospital
23C. DATE SIGNED: 4-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-14-50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: L. J. Ruck
ADDRESS: 5305 Harford Road

VS 150

83a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

325

50 3442

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3442

1. NAME OF DECEASED (Type or Print): Evelyn C. Fitzsimmons

2. DATE OF DEATH: April 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore General (DOA)
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 27-18
D. STREET ADDRESS (If rural, give location): 5105 Cordelia Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH: 8-29-1907
9. AGE (In years last birthday): 42
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: Home.
11. BIRTHPLACE (State or foreign country): Balto.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles M. Miller
14. MOTHER'S MAIDEN NAME: Sarah T. Hirsch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Family - Same
ADDRESS

MEDICAL CERTIFICATION

18. 445 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)
(A) Hypertension - Malignant — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Wm. H. Kammer, M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: April 12, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): B.
24B. DATE: 4-15-50
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Balto.

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: Catherine Williams
25. FUNERAL DIRECTOR: James L. McCleary
ADDRESS: 130 E. Fort Ave.

VS 151

102

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

420

50 3443

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3443

1. NAME OF DECEASED (Type or Print): EDWARD B. GILLECE

2. DATE OF DEATH: 4/12/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland 9 W st Barney St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 23-03
D. STREET ADDRESS (If rural, give location): 9 West Barney Street

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 2/6/1877
9. AGE (In years last birthday): 73 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Horseshoer
10B. KIND OF BUSINESS OR INDUSTRY: Adams Co.
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Family - Same
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial degeneration

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

~~DUE TO~~

(C) Chronic Bronchitis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1950, *to* April 10, 1950, *that I last saw the deceased alive on* 4-10-, 1950, *and that death occurred at* 9 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Denis J. McGrath M. D.
23B. ADDRESS: 1E Randall St
23C. DATE SIGNED: 4-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify): B
24B. DATE: 4/15/50
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: James L. McCarey
ADDRESS: 130 E. Fort Ave.

VS 150

30250

93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

434 Volatile

50 3444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3444

BIRTH NO. 00-07573

1. NAME OF DECEASED (Type or Print): Baby Girl Volatile

2. DATE OF DEATH: 4/12/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Md
D. STREET ADDRESS (If rural, give location): 3005 Glenmore Ave

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 4/12/50
9. AGE (In years last birthday): If Under 1 Year: Months, Days; If Under 24 Hours: Hours 3, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Michael T Volatile
14. MOTHER'S MAIDEN NAME: Helen Callahan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. ~~774~~ 773.5

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO

ANTECEDENT CAUSES age 00

(B) Prematurity — 3 hrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

gang 146 to 135

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12, 1950, to 4/12, 1950, that I last saw the deceased alive on ____, 19__, and that death occurred at 5 3/4 m., from the causes and on the date stated above.

23A. SIGNATURE: Lloyd Josephs, M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: 4/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: APRIL 13 '50
24C. NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER
24D. LOCATION (City, town, or county) (State): BALTO. MD

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: Lurington Williams, M.D.
25. FUNERAL DIRECTOR: Harry H. Wetzler
ADDRESS: 4101 EDMONDSON AVE

VS 150

159

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

200

50 3445

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3445

Registered No.

1. NAME OF DECEASED (Type or Print): WILLIAM BOYCE

2. DATE OF DEATH: 4-12-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Balto General.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 835 Hollins St

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 5/11/1911
9. AGE (In years last birthday): 38 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Floor Manager
10B. KIND OF BUSINESS OR INDUSTRY: Julius Gutman Co
11. BIRTHPLACE (State or foreign country): Camden, N. J.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elwood J. Boyce
14. MOTHER'S MAIDEN NAME: Nina Vane

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-09-2459
17. INFORMANT: Mrs Wm Boyce — ADDRESS: 835 Hollins St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial infarction — 16 days.
DUE TO

ANTECEDENT CAUSES

(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes mellitus — ?

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/29/50, 19__ *to* 4/12/50, 19__, *that I last saw the deceased alive on* 4/12/50, 19__, *and that death occurred at* 7 P.M. *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph Shea M. D.
23B. ADDRESS: W 28th St
23C. DATE SIGNED: 4/12.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/15/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24D. LOCATION (City, town, or county) (State): Frederick Av. Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: Health Dept Williams
25. FUNERAL DIRECTOR: Mildred J. Blight — ADDRESS: 6009 Harford Rd

VS 150

12079

61

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T 620

50 3446

TRYASKA

50 3446

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Andrew Tryaska

2. DATE OF DEATH: April 12/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland: Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Little Sisters of the Poor Home for the Aged
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 1200 Valley St.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-01
D. STREET ADDRESS (If rural, give location): 1200 Valley St.

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W.
8. DATE OF BIRTH: June 13, 1882
9. AGE (In years last birthday): 67
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mathew Tryaska
14. MOTHER'S MAIDEN NAME: Mary —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Sister Ignatius ADDRESS: 1200 Valley St

MEDICAL CERTIFICATION

18. 443 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 yr.

DUE TO

(B) Arterio Sclerosis — 6 yr.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 10, 1950, *to* April 12, 1950, *that I last saw the deceased alive on* April 10, 1950, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: E. Gill Hall M.D. M. D.
23B. ADDRESS: 1631 E. North Ave
23C. DATE SIGNED: April 13-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 14, 1950
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
25. FUNERAL DIRECTOR: Rita Wendfield
ADDRESS: 900 E. Biddle St

VS 150

98899

93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

153

50 3447

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3447

Registered No.

1. NAME OF DECEASED (Type or Print): Elsie M. Diffendall

2. DATE OF DEATH: April 12/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1907 Breitwert Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-03B
D. STREET ADDRESS (If rural, give location): 1907 Breitwert Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 10, 1884
9. AGE (In years last birthday): 65 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin Fisher
14. MOTHER'S MAIDEN NAME: Laura-------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Wm. E. Diffendall, ADDRESS: 1907 Breitwert Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

175 X

(A) Abdominal Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 8 mos

DUE TO

ANTECEDENT CAUSES

(B) Carcinoma of left ovary — over

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 5, 1949, *to* April 12, 1950, *that I last saw the deceased alive on* April 8, 1950, *and that death occurred at* 7 30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. Arthur Rosberg M. D.
23B. ADDRESS: 2411 Washington Blvd -30
23C. DATE SIGNED: 4/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 15/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24D. LOCATION (City, town, or county) (State): 2930 Frederick Ave. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Harry H. Nutter
ADDRESS: 4101 Edmondson Ave.

VS 150

49a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Letter in document file 50-3447 - 5/4/50.

563

BIRTH NO. 3448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3448

1. NAME OF DECEASED (Type or Print): Mummert, Paul Jr.

2. DATE OF DEATH: 4/12/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): So. Balto. Gen. Hosp.
c. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore 26-06
D. STREET ADDRESS (If rural, give location): 6420 Holabird Ave.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb. 24, 1921
9. AGE (In years last birthday): 29 yr. | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.
11. BIRTHPLACE (State or foreign country): Balto., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Paul Mummert
14. MOTHER'S MAIDEN NAME: Mary Stacks
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Paul Mummert — ADDRESS: 6420 Holabird Ave.

MEDICAL CERTIFICATION

18. 416 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatic heart disease

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12/1950, to 4/12/1950, that I last saw the deceased alive on 4/12, 1950, and that death occurred at 5 P.M., from the causes and on the date stated above.

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 1213 Keyser St.
23C. DATE SIGNED: 4/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/15/50
24C. NAME OF CEMETERY OR CREMATORY: St. Stanislaus
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Roland L. Fisher — ADDRESS: Dundalk, Md.

VS 150

988 4V 95B

564
50 3449

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3449
Registered No.

1. NAME OF DECEASED (Type or Print): George G. Knoerlein
2. DATE OF DEATH: April 12 50
3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 430 N. Rose St.
C. Length of stay in Baltimore: Life Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 6-02
D. STREET ADDRESS (If rural, give location): 430 N. Rose St
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 20 1894
9. AGE (In years last birthday): 55
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10B. KIND OF BUSINESS OR INDUSTRY: St Michael's Church
11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Knoerlein
14. MOTHER'S MAIDEN NAME: Alice Russell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-01-0878
17. INFORMANT: Louise Esler
ADDRESS: 430 N. Rose St

MEDICAL CERTIFICATION

18. 163 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA - LUNG — INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/27/49, 19__, to 4/12, 1950, that I last saw the deceased alive on 4/12/50, 19__, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE: Benj. B. Moves M. D.
23B. ADDRESS: 448 N. Luzerne Ave
23C. DATE SIGNED: 4/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: APRIL 15-50
24C. NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER
24D. LOCATION (City, town, or county) (State): 4430 BELAIR RD MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Diffel Bro.
ADDRESS: 1800 E LOMBARD ST

VS 150

74094 47D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

448 N Lozon Ave

6 34 Mertel 50 3450

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3450

1. NAME OF DECEASED (Type or Print): ANNA M. MERTEL

2. DATE OF DEATH: 4/13/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 31 S CHAPEL ST
C. Length of stay in Baltimore: LIFE Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 2-01
D. STREET ADDRESS (If rural, give location): 31 S CHAPEL ST

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JAN 29 1888
9. AGE (in years last birthday): 62
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME.
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN DRINLEIN
14. MOTHER'S MAIDEN NAME: EVA SCHUTZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: EILEEN MERTEL
ADDRESS: 31 S CHAPEL ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: John R Davis M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 4/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: APRIL 15-50
24C. NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER
24D. LOCATION (City, town, or county) (State): 4430 BELAIR RD MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Duffel Bro.
ADDRESS: 1800 E LOMBARD ST.

VS 151

94a

640
50 3451

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3451

1. NAME OF DECEASED (Type or Print): WALTER BENJAMIN BURRELL, JR.

2. DATE OF DEATH: April 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-04
D. STREET ADDRESS (If rural, give location): 1916 W. Lanvale Street

Length of stay in Baltimore: Life (Yrs. Mos. Days)

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ------
8. DATE OF BIRTH: Oct. 21, 1940
9. AGE (In years last birthday): 9 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------
10B. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WALTER R. BURRELL
14. MOTHER'S MAIDEN NAME: BERNICE R. TAYLOR

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ----
17. INFORMANT: Mrs Bernice Burrell — ADDRESS: 1916 W. Lanvale

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Crushed head — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) Traumatic amputation, left leg

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Railroad track
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): P R R Track 50 ft. West of Franklin St. Overpass
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 12, 1950 5:24 P.m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Run over by P R R Train

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: H. J. McCafferty M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 4/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4/14/50
24C. NAME OF CEMETERY OR CREMATORY: ARBUTUS MEM. PARK
24D. LOCATION (City, town, or county) (State): ARBUTUS, MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Charles R. Law — ADDRESS: THE CHARLES R. LAW MORTUARY

VS 151

N-804.2

802-04 MADISON AVENUE

169

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

450

BIRTH NO. 50 3452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3452

1. NAME OF DECEASED (Type or Print): Annie M. Moylan

2. DATE OF DEATH: April 12th. 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1306 N. Rose St.

C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-03

D. STREET ADDRESS (If rural, give location): 1306 N. Rose St.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: ?

9. AGE (In years last birthday): 80 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Hyland

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Leroy J. Moylan — ADDRESS: 1306 N. Rose St.

MEDICAL CERTIFICATION

18. 442X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Arteriosclerotic Cardiovascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 27 Sept, 1946, *to* 12 April, 1950, *that I last saw the deceased alive on* 12 April, 1950, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Harold Lehmann M. D.

23B. ADDRESS: 1513 N. Milton Ave

23C. DATE SIGNED: 12 April 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/15/50

24C. NAME OF CEMETERY OR CREMATORY: New Cathedral

24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: John A. Moran — ADDRESS: 3000 E. Balto. St.

VS 150

131a

correct age is especially important. Physicians: please write the causes of death

53

AB-118000

50 3453

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3453

Registered No.

1. NAME OF DECEASED (Type or Print): Caroline Theresa Stintz

2. DATE OF DEATH: 4-11-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
21
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-07
D. STREET ADDRESS (If rural, give location): 321 S.Allendale Street

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec. 1- 1871
9. AGE (In years last birthday): 78 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Ferdinand Stintz
14. MOTHER'S MAIDEN NAME: Caroline Volkland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records: Baltimore City Hospitals, 4940 Eastern Ave. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

451 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ruptured dissicting aneurysm of Aorta ~~xxxxx~~ with hemopericardium — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized arteriosclerosis

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-8- *, 1948, to* 4-11- *, 1950, that I last saw the deceased alive on* 4-11- *, 1950, and that death occurred at* 4-45AM *, from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: Baltimore City Hospitals
23C. DATE SIGNED: 4-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Ap 15
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Balti[illegible] city

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Sassaman Funeral Home
ADDRESS: 7401 Belair Rd

VS 150

96

correct age is especially important. Physicians: please write the causes of death clearly in English.

620 CERTIFICATE CORRECTED 4-26-50

50 3454

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3454

1. NAME OF DECEASED (Type or Print): FRANK KRIEG ~~KREIG~~ (JR)

2. DATE OF DEATH: April 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 21-01
D. STREET ADDRESS (If rural, give location): 722 Ramsay Street

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: FEB 22, ~~1884~~ 1885
9. AGE (In years last birthday): ~~(66)~~ 65
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Federal Pensioner
10B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Ship Yard
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN KRIEG
14. MOTHER'S MAIDEN NAME: MARGARET DEHMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Louis Stephen Krieg
ADDRESS: 823 N Augusta

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-
DUE TO vascular disease

ANTECEDENT CAUSES

(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* _____ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
Autopsy, Inspection or Inquiry

23A. SIGNATURE: Wm. J. McCafferty M.D.
23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 4/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: HOLY CROSS CEM.
24D. LOCATION (City, town, or county) (State): A.A. Co. MD

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Bernard G. Harle
ADDRESS: 121 E West St

VS 151

340 4W 93D

300

50 3455

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X

50 3455
Registered No.

1. NAME OF DECEASED (Type or Print): CLARENCE HARRISON ROOT

2. DATE OF DEATH: Apr. 13, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Marine Hospital
Wymen Pk. Drive & 31st St.
C. Length of stay in Baltimore: 23 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Michigan
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grand Rapids V-19
D. STREET ADDRESS (If rural, give location): 1636 Francis Avenue SE

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10/25/00
9. AGE (In years last birthday): 49 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Coast Guard
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eastman Root
14. MOTHER'S MAIDEN NAME: Anna J. Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW 2
16. SOCIAL SECURITY NO.: 381-28-9263
17. INFORMANT: Records- US Marine Hospital, Balto, Md.
ADDRESS:

MEDICAL CERTIFICATION

18. 153 X

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia, bilateral — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

(B) Adenocarcinoma of the transverse colon — 1 mos.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) 1-Resection of tranverse colon
~~2- Cecostomy~~

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 4/4/50
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of the transverse colon
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 21, 1950, *to* Apr. 13, 1950, *that I last saw the deceased alive on* Apr. 13, 1950, *and that death occurred at* 10:30 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Emerson Y. Glodhill, Sr. Surgeon, M. D.
23B. ADDRESS: US Marine Hospital, Balto, Md.
23C. DATE SIGNED: 4/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/17/50
24C. NAME OF CEMETERY OR CREMATORY: Pine Grove Cem
24D. LOCATION (City, town, or county) (State): Saul Ste Marie Mich

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE: Lexington, Illinois
25. FUNERAL DIRECTOR: Roff & B. M. Walters
ADDRESS: Pratt Stucky St.

VS 150

46097

46E

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

500

50 3456

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3456

Registered No.

1. NAME OF DECEASED (Type or Print): Etta Boone

2. DATE OF DEATH: 4/12/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore, City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore 39 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, City 23-01
D. STREET ADDRESS (If rural, give location): 137 W. Henrietta Street

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6/20/1889
9. AGE (In years last birthday): 61 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Calvert Co., Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John H. Bannister
14. MOTHER'S MAIDEN NAME: Martha Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Harrison Boone
ADDRESS: 137 W. Henrietta St

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intracerebral hemorrhage c ventricular extension.

DUE TO

(B) Hypertensive CVD

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-11, 1950, *to* 4-12, 1950, *that I last saw the deceased alive on* 4-12, 1950, *and that death occurred at* 11 40 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Fred R. McClement Jr. M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 4/13

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/15/1950
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cemetery
24D. LOCATION (City, town, or county) (State): A.A.Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: I. L. Brownston
ADDRESS: 1082 Montgomery St

VS 150

93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

460

ES- 136136 50 3457

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3457

Registered No.

1. NAME OF DECEASED (Type or Print): Samuel Edward Eiler

2. DATE OF DEATH: 3-26-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-02
D. STREET ADDRESS (If rural, give location): 1420 Mosher Street

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid.
8. DATE OF BIRTH: Sept. 1, 1870
9. AGE (In years last birthday): 79
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records* Balto. City Hospitals
ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. 334 X

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

(B) Cerebral General Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-28, 19 50, *to* 3-26, 19 50, *that I last saw the deceased alive on* 3-26, 19 50, *and that death occurred at* 4:10 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: J. S. Rogers M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 4-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL
24D. LOCATION (City, town, or county) (State): APR 1 2 1950

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS:

VS 150

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519 MS--108677 50 3458

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3458

Registered No.

1. NAME OF DECEASED (Type or Print): Harry Downs

2. DATE OF DEATH: March 19, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
31
Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-06
D. STREET ADDRESS (If rural, give location): 2516 N. Charles St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 10, 1874
9. AGE (In years last birthday): 76 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: James H. Downs
14. MOTHER'S MAIDEN NAME: Mary Godshell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records--B.C.H.--4940 Eastern Ave. ADDRESS:

MEDICAL CERTIFICATION

18. 420.0

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease c̄ failure, Pulmonary edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Asthma

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ No ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-24-, 1947, *to* 3-19-, 1950, *that I last saw the deceased alive on* 3-19-, 1950, *and that death occurred at* 12:50 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: R. L. Boyer M. D.
23B. ADDRESS: B.C.H.--4940 Eastern Ave.
23C. DATE SIGNED: 3-24-50

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL APR 12 1950
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS:

VS 150

93D

5369

BIRTH NO. 50 3459

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3459

1. NAME OF DECEASED (Type or Print): Dirk Onderberg

2. DATE OF DEATH: 4-6-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals
4940 Eastern Ave.
C. Length of stay in Baltimore: 45yrs. (46yrs) Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 3-01
D. STREET ADDRESS (If rural, give location): 225 S. Eden St.

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb. 14-1867
9. AGE (In years last birthday): 83 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Holland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Arthur Onderberg
14. MOTHER'S MAIDEN NAME: Susan Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

153 X

(A) Carcinoma of the Colon with Metastases — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Gout

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-24- 19 36 *to* 4-6- 19 50 *that I last saw the deceased alive on* 4-6 19 50 *and that death occurred at* 6Pm *m., from the causes and on the date stated above.*

23A. SIGNATURE: H. Rozen M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 4-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL
24D. LOCATION (City, town, or county) (State): APR 12 1950

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE: Registrar of Vital Statistics
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS:

VS 150

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432

50 3460

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3460

1. NAME OF DECEASED (Type or Print): FLORIAN ZLOTOGORSKI

2. DATE OF DEATH: 11 April 50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Good Samaritan Hosp 27 N Carey St (23)
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 115 S. Patterson Park Ave

1-05

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Not know
9. AGE (In years last birthday): 74
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Home~~ LABORER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Polish
12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME: Mike Zlotogorski
14. MOTHER'S MAIDEN NAME: Not know

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Add Wolkof
ADDRESS: 4324 Valley Park Ave

MEDICAL CERTIFICATION

18. 443X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral thrombosis

DUE TO

(B) Arteriosclerosis and hypertensive cardiovascular disease

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 Nov, 1949 *to* 11 April, 1950, *that I last saw the deceased alive on* 11 April, 1950, *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Emil H. Henning Jr M. D.
23B. ADDRESS: 601 Winans Way
23C. DATE SIGNED: 12 April 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 14 50
24C. NAME OF CEMETERY OR CREMATORY: Holy Trinity Russian
24D. LOCATION (City, town, or county) (State): Elkridge Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE: Christopher Williams
25. FUNERAL DIRECTOR: J. A. Grebliauskas Jr
ADDRESS: 1965 E Pratt St

VS 150

98899

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

425

ES-136719 50 3461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3461

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James Wilson

2. DATE OF DEATH: 3-28-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals
C. Length of stay in Baltimore: 39 Yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 15-01
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1331 Gilmor Street

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 4, 1891
9. AGE (In years last birthday): 58 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Fryson Wilson
14. MOTHER'S MAIDEN NAME: Laura Durant
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records* Balto. City Hospitals
ADDRESS: 4940 Eastern Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 416 X

(A) Rheumatic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pulmonary Infarction

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-21, 19 50, *to* 3-28, 19 50, *that I last saw the deceased alive on* 3-28, 19 50 *and that death occurred at* 1:10 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 4-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL
24D. LOCATION (City, town, or county) (State)

APR 1 2 1950

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE: [signature]
FUNERAL DIRECTOR
ADDRESS

Commissioner of Health

VS 150

9512

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Be sure that the causes of death are correct. Physicians: please write the causes of death clearly and legibly. Especially important. Physicians: please write the causes of death clearly and legibly.

462
ES- 26924

BIRTH NO. 50 3462

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3462

1. NAME OF DECEASED (Type or Print): Anton Lilierose

2. DATE OF DEATH: 3-30-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals
C. Length of stay in Baltimore: 14 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-12
D. STREET ADDRESS (If rural, give location): Baltimore City Hospitals No Home

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 9, 1886
9. AGE (In years last birthday): 63
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: Pete
14. MOTHER'S MAIDEN NAME: Margaret

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records* Balto. City Hospitals
ADDRESS: 4940 Eastern Ave

MEDICAL CERTIFICATION

18. 491 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Generalized and Cerebral Arteriosclerosis

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-24, 1937, *to* 3-30, 1950, *that I last saw the deceased alive on* 19 *and that death occurred at* 9:40 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: P. S. Rosen M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 4-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL
24D. LOCATION (City, town, or county) (State): APR 12 1950

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR:
ADDRESS:
Commissioner of Health

VS 150

107

PLEASE WRITE CLEARLY, with ink. Physicians: please write the causes of death clearly and legibly. Especially important. Physicians: please write the causes of death clearly and legibly. correct age is

530

50 3463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3463

Registered No.

BIRTH NO. 50-06546

1. NAME OF DECEASED (Type or Print): Baby Girl Smith

2. DATE OF DEATH: Mar, 30, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6-03
D. STREET ADDRESS (If rural, give location): 2304 E. Baltimore, St. # 31

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S.
8. DATE OF BIRTH: Mar, 30, 1950
9. AGE (In years last birthday) — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min. 7½
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Michael Smith, Jr.
14. MOTHER'S MAIDEN NAME: Theresa Johanna Christ
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Theresa Smith, ADDRESS: 2304 E. Baltimore St.

MEDICAL CERTIFICATION

18. 776 X

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Smoked prematurity

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 29, 1950, to Mar 30, 1950, that I last saw the deceased alive on Mar 30, 1950, and that death occurred at 7:24 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Arl. Vosby M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 3/30/50

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: JOHN HOPKINS MEDICAL SCHOOL APR 3 1950
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS

VS 150

159.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information on this form is important. Physicians: please write the causes of death clearly and legibly. Be sure to give correct age is especially important.

325

50 3464

50 3464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 50-06613

1. NAME OF DECEASED (Type or Print): JOYCE STOCKHAM

2. DATE OF DEATH: 3/28/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIV. HOSP
C. Length of stay in Baltimore: 2 Days (~~Yrs.~~ ~~Mos.~~)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO. 11-04
D. STREET ADDRESS (If rural, give location): 1316 LINDEN AVE

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): (circled: SINGLE)
8. DATE OF BIRTH: 3/26/50
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 2 Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): BALTO, MD
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ROBERT STOCKHAM
14. MOTHER'S MAIDEN NAME: CORNELL FAY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: FATHER
ADDRESS: SAME

MEDICAL CERTIFICATION

18. ~~760~~ 795.0

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) SEPTICEMIA

DUE TO OR

ANTECEDENT CAUSES

(B) SUBARACHNOID HEM.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/28/50, 1950, *to* 3/28/50, 1950 *that I last saw the deceased alive on* 3/28, 1950, *and that death occurred at* 11:45 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: John F. Strahan M. D.
23B. ADDRESS: Univ. Hosp.
23C. DATE SIGNED: 3/29/50

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL APR 4 1950
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 4 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS:

VS 150

160a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

500

50 3465

BIRTH NO. 50-06913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3465

Registered No.

1. NAME OF DECEASED (Type or Print): Gary Stewart Haehn

2. DATE OF DEATH: April 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. 33 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY: 27-12
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 112 Upman Rd.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 4-5-50
9. AGE (In years last birthday): If Under 1 Year: Months / Days: 7 / If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Haehn
14. MOTHER'S MAIDEN NAME: Margaret Stewart
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. 756.2

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: From Birth

DUE TO

(B) Congenital Malformation of intestinal tract

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: x
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-10, 1950, *to* 4-12, 1950, *that I last saw the deceased alive on* 4-12, 1950, *and that death occurred at* 10 30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Thomas C. McPherson M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Post Dispensa
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR:
ADDRESS:

Hospital Disposal

VS 150

1579

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information and every correct age is especially important. Physicians: please write the causes of death clearly and legibly.

160

50 3466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3466

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Baby Boy Cooper

2. DATE OF DEATH: Apr. 5, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sykesville 5600
D. STREET ADDRESS (If rural, give location):

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 3-26-50
9. AGE (In years last birthday): If Under 1 Year: Months / Days: 10 / If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: Thelma

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSP.
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intracranial Hemorrhage

DUE TO

(B) Prematurity

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

760.5

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/27, 1950, *to* 4/5, 1950, *that I last saw the deceased alive on* 4/5, 1950, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: E C Robertson M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Hart Island
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE: Anthony Milianes, M.D.
25. FUNERAL DIRECTOR:
ADDRESS:

VS 150

Hospital Disposal

160a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

510

50 3467

50 3467

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Beatrice Barnes Demby

2. DATE OF DEATH: APR 11 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 3-01
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 1602 E. Pratt St
D. STREET ADDRESS (If rural, give location): Baltimore Md

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4/4/1905
9. AGE (In years last birthday): 45
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Thomas Riley
14. MOTHER'S MAIDEN NAME: Amelia West

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS:

MEDICAL CERTIFICATION

18. 026 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage, left — 10 hrs

DUE TO

(B) Hypertensive CV Disease — ?

DUE TO

(C) CNS Syphilis — ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-10, 1950, *to* 4-11, 1950, *that I last saw the deceased alive on* 4-11, 1950, *and that death occurred at* 1 05 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/14/1950
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn A.A.Co Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1950
REGISTRAR'S SIGNATURE: [illegible] Registrar Baltimore, Md
25. FUNERAL DIRECTOR: Elroy O. Wilson
ADDRESS: 1000 Brantly Ave

VS 150

30c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information is important. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

455

50 3468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3468

BIRTH No. 49-25394

1. NAME OF DECEASED (Type or Print): GERALD COLEMAN

2. DATE OF DEATH: April 11, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17-03

D. STREET ADDRESS (If rural, give location): 830 Edmondson Avenue

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: II/I4/49

9. AGE (In years last birthday): If Under 1 Year: Months 5; Days; If Under 24 Hours: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert J. Coleman

14. MOTHER'S MAIDEN NAME: Alice Coleman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Alce Coleman

ADDRESS: 816 Edmondson Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Interstitial pneumonitis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

492X

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: H. J. McCafferty M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED: 4/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/I4/1950

24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.

24D. LOCATION (City, town, or county) (State): Brooklyn A.A.Co.Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Elroy O. Wilson

ADDRESS: 1000 Brantly Ave

VS 151

114E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

-363
50 3469
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3469

1. NAME OF DECEASED (Type or Print): ~~William~~ JACOB STEWARD

2. DATE OF DEATH: April 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore 40 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-04
D. STREET ADDRESS (If rural, give location): 2022 Raynor Avenue

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 12 1880
9. AGE (in years last birthday): 70 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Chemical Corp.
11. BIRTHPLACE (State or foreign country): A.A.Co.Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Unkown
14. MOTHER'S MAIDEN NAME: Unkown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ISaac Parker ADDRESS: 2022 Raynor Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Intracerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: H. J. Mc Clafferty M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 4/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/16/1950
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn A.A.Co.Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE: Huntington Williams
25. FUNERAL DIRECTOR: Elroy O. Wilson ADDRESS: 1000 Brantly Ave

VS 151

98817 83a

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should certainly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

300
50 3470
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3470
Registered No.

1. NAME OF DECEASED (Type or Print): Mr. Joseph Emanuel Brent Keith

2. DATE OF DEATH: April 13, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 7 5300
D. STREET ADDRESS (If rural, give location): 5925 Prince George Rd.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-26-1918
9. AGE (In years last birthday): 32
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator
10B. KIND OF BUSINESS OR INDUSTRY: Balto. Transit Co.
11. BIRTHPLACE (State or foreign country): Howard County, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George Keith
14. MOTHER'S MAIDEN NAME: Sarah Owings
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-09-6208
17. INFORMANT: Mrs. Joseph Keith
ADDRESS: Baltimore 7, Md.

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 590 X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Glomerulo-Nephritis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/5/, 1950, *to* 4/13/, 1950 *that I last saw the deceased alive on* 4/13/, 1950, *and that death occurred at* 7:10 AM, *from the causes and on the date stated above.*

23A. SIGNATURE: Thaddeus Sawinski M. D.
23B. ADDRESS: 1400 N. Caroline Street
23C. DATE SIGNED: 4/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-17-50
24C. NAME OF CEMETERY OR CREMATORY: Good Shepherd
24D. LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: F.C. Higinbothom
ADDRESS: Ellicott City, Md.

VS 150

456 49 130

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Be sure to write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

525

SIMSON

50 3471

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3471

Registered No.

1. NAME OF DECEASED (Type or Print): Mollie E. Simson

2. DATE OF DEATH: April 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1939 W. Lexington St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-01
D. STREET ADDRESS (If rural, give location): 1939 W. Lexington St.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: July 20, 1880
9. AGE (In years last birthday): 69
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Charles Hoffman
14. MOTHER'S MAIDEN NAME: Margaret Boyd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mr. C. H. Simson - 30 Eaton St., Stratford, Conn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion.

DUE TO

ANTECEDENT CAUSES

(B) Chronic Myocarditis.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 10, 1949 *to* April 12, 1950, *that I last saw the deceased alive on* Apr. 10, 1950, *and that death occurred at* 7:05 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: George E. Shannon M. D.
23B. ADDRESS: 820 Medical Arts Bldg
23C. DATE SIGNED: 4/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/15/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.
24D. LOCATION (City, Town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE: Lexington Millinery, Mgr.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto Md.

VS 150

937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

360
50 3472

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3472

1. NAME OF DECEASED (Type or Print): DONALD J. RITTER

2. DATE OF DEATH: April 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-05
D. STREET ADDRESS (If rural, give location): 854 Whitmore Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 6, 1924
9. AGE (In years last birthday): 26
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Apprentice Wireman
10B. KIND OF BUSINESS OR INDUSTRY: Electric Construction
11. BIRTHPLACE (State or foreign country): on Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John A. Ritter
14. MOTHER'S MAIDEN NAME: Viola Aires

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes
(If yes, give war or dates of service): World #2
16. SOCIAL SECURITY NO.: 219-16-6234
17. INFORMANT: Mrs. Louise E. Ritter
ADDRESS: 1701 Chilton St.

MEDICAL CERTIFICATION

18. 902.3

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral contusion

DUE TO

(B) Fractured skull

DUE TO

(C) Fractured 5th dorsal vertebrae

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Naval Academy Junction near Annapolis, Md.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 4/10/50 12:45 P.m.
21E. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR? Fell 35 ft. while descending catwalk on a steel electric construction structure

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [X], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: W. J. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 4/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/17/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm. J. Lickner & Sons
ADDRESS: Balto Md.

VS 151

N-804.3 45058 186a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

200

50 3473

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3473

Registered No.

1. NAME OF DECEASED (Type or Print): Katie Louise Quick

2. DATE OF DEATH: April 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2938 Clifton Ave.,
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-01B
D. STREET ADDRESS (If rural, give location): 2938 Clifton Ave.,

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10/11/1869
9. AGE (In years last birthday): 80 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Beverly Diggs
14. MOTHER'S MAIDEN NAME: Louisa Goodeson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Bertha L. Thompson ADDRESS: 2938 Clifton A

MEDICAL CERTIFICATION

18. 4/22/1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

(B) Chronic Nephritis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0 m
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15, 1949 *to* Apr 12, 1950, *that I last saw the deceased alive on* Apr 12, 1950, *and that death occurred at* 4.40 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS:
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-15-1950
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Woodlawn Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 24 1950
REGISTRAR'S SIGNATURE: [signature] Lillian Williams, M.D.
25. FUNERAL DIRECTOR: G. Howard Strong ADDRESS: 3207 W. North Ave.,

VS 150

50 3473

93D

636
50 3474

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3474
Registered No.

1. NAME OF DECEASED (Type or Print): Nelson Carter

2. DATE OF DEATH: April 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 19-03
D. STREET ADDRESS (If rural, give location): 1315 Lemon St.

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): separated
8. DATE OF BIRTH: Feb. 24, 1913
9. AGE (In years last birthday): 37
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: IRON Foundry
11. BIRTHPLACE (State or foreign country): Essex Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert L Carter
14. MOTHER'S MAIDEN NAME: Flossie Simmons

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Catherine Carter
ADDRESS: 813 Eagle St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 002 X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Earl L Kaye M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: April 10, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 14, 1950
24C. NAME OF CEMETERY OR CREMATORY: Mt. Zion
24D. LOCATION (City, town, or county) (State): Landsdowne Md

DATE RECEIVED BY LOCAL REGISTRAR: 14 1950
REGISTRAR'S SIGNATURE: Livingston Williams M.D.
25. FUNERAL DIRECTOR: Mrs Katie P Williams
ADDRESS: 322 N Schroeder St

VS 151

98830 13B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

162

50 3475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3475

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN C. ZOBRIST, SR.

2. DATE OF DEATH: April 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 612 Brookwood Road
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 28-04
D. STREET ADDRESS (If rural, give location): 612 Brookwood Road

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 16, 1864
9. AGE (In years last birthday): 85 — If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor, retired
10B. KIND OF BUSINESS OR INDUSTRY: Road Construction
11. BIRTHPLACE (State or foreign country): Conn.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ja cob Zobrist
14. MOTHER'S MAIDEN NAME: Elizabeth Winkler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: John C. Zobrist, Jr. ADDRESS: 1539 Northwick Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

DUE TO

ANTECEDENT CAUSES

(B) Arteria sclerosis — ?

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1944, to April 12, 1950, that I last saw the deceased alive on 4/12/50 19__, and that death occurred at 730 A.m., from the causes and on the date stated above.

23A. SIGNATURE: Damian P. Alagia M. D.
23B. ADDRESS: 33 Underwood
23C. DATE SIGNED: 4/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/15/50
24C. NAME OF CEMETERY OR CREMATORY: Friendship
24D. LOCATION (City, town, or county) (State): Anne Arundel Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE: Arlington Williams, M.D.
25. FUNERAL DIRECTOR: William Cook, Inc.
ADDRESS: 1217 St. Paul St.

VS 150

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94a

110

50 3476

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3476

Registered No.

1. NAME OF DECEASED (Type or Print): Elizabeth Pfaff

2. DATE OF DEATH: April 13, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4230 Falls Road
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4230 Falls Road

13-08

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 9, 1869
9. AGE (In years last birthday): 81 yrs
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Frederick, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Fossler
14. MOTHER'S MAIDEN NAME: Mary E. Bell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Miss Pearl Pfaff, 4230 Falls Road
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arteriosclerosis — ?

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/10, 1950 *to* 4/13, 1950 *that I last saw the deceased alive on* 4/12, 1950, *and that death occurred at* 3.10Am., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. O.
23B. ADDRESS: 2020 N. Charles St.
23C. DATE SIGNED: 4/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 15, 1950
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Willis Lamoreau
ADDRESS: 4510 Liberty Heights Ave.

VS 150

94a

PLEASE WRITE CLEARLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

S-160

50 3477

50 3477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Schafer, Harry J.

2. DATE OF DEATH: Friday April 14 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days): all life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-86
D. STREET ADDRESS (If rural, give location): 1730 E. 32nd. Street

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Jan 7, 1869
9. AGE (In years last birthday): 81
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Henry Schafer
14. MOTHER'S MAIDEN NAME: Mary Braun

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Edith Schafer ADDRESS: 1730 E 32nd St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral anoxia — INTERVAL BETWEEN ONSET AND DEATH: 12 days.

DUE TO

(B) Arteriosclerotic Heart Disease and Generalized arteriosclerosis and Pernicious Anemia

DUE TO

(C) Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/9, 1950 *to* 4/14, 1950, *that I last saw the deceased alive on* 4/13, 1950, *and that death occurred at* 3 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Delda J. Weber M. D.
23B. ADDRESS: Maryland Gen Hosp
23C. DATE SIGNED: 4/14/50.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 17 1950
24C. NAME OF CEMETERY OR CREMATORY: London Park
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Harry A. Winacoff
ADDRESS: 4204 Fairmount Ave

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

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Waiting for Mailing

937

E-245

50 3478

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3478

1. NAME OF DECEASED (Type or Print): Dominic Ecolano

2. DATE OF DEATH: April 12 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland 2305 St. Paul St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Martha Gray Guest House

C. Length of stay in Baltimore: 42 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 1205 Valley St. 10-01

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 18 1862

9. AGE (In years last birthday): 87 — If Under 1 Year: Months 5, Days 25; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Raguia-Messina Italy

12. CITIZEN OF WHAT COUNTRY? [redacted]

13. FATHER'S NAME: Federico Ecolano

14. MOTHER'S MAIDEN NAME: Maria Bongiovanni

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Rose Ecolano — ADDRESS: 1205 Valley St.

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio Vascular Degeneration — ?

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apl-10, 1950 to —, 19__, that I last saw the deceased alive on Apl. 10, 1950, and that death occurred at 2/5 m., from the causes and on the date stated above.

23A. SIGNATURE: M. R. Johnson M. D.

23B. ADDRESS: 403 Med Arts Bg

23C. DATE SIGNED: 4/13.50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: April 15 1950

24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State): 4430 Belair Rd.

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950

REGISTRAR'S SIGNATURE: Lucille Williams, M.D.

25. FUNERAL DIRECTOR: Frank Geller Inc. — ADDRESS: 322 S. High St.

VS 150

931

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-137268

3-260

50 3479

BIRTH NO. 50 3479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Edward F. Booker

2. DATE OF DEATH: 4-12-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: 30 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural) Dundalk
D. STREET ADDRESS (If rural, give location): 202 Flemming Drive-zone 22

5. SEX: M
6. COLOR OR RACE: N
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: September 18-1900
9. AGE (In years last birthday): 49 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Edward Booker
14. MOTHER'S MAIDEN NAME: Clara ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Baltimore City Hospitals Records: ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

33 / X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage ~~Subarachnoid Hemorrhage~~

DUE TO

ANTECEDENT CAUSES

(B) Advanced arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: (over)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-12- *, 1950, to* 4-12- *, 1950 that I last saw the deceased alive on* 4-12- *, 1950 and that death occurred at* 2.30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: P. S. Cogen M. D.
23B. ADDRESS: Baltimore City Hospitals
23C. DATE SIGNED: 4-13-1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/16/50
24C. NAME OF CEMETERY OR CREMATORY: Western Star Cem
24D. LOCATION (City, town, or county) (State): Balto County Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE: [illegible] Williams, MD
25. FUNERAL DIRECTOR: Chas H Cooper
ADDRESS: 512 Cantrell Ave

VS 150

83a

See Document File 50-3479 for corrective authority

12/4/50

ES

D-253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3480

BIRTH NO. 50 3480

1. NAME OF DECEASED (Type or Print): GUISEPPE DeSANTIS

2. DATE OF DEATH: April 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
Length of stay in Baltimore (Yrs. Mos. Days): 37

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 3-02
D. STREET ADDRESS (If rural, give location): 808 Stiles Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 2/8/1873
9. AGE (In years last birthday): 77
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-18-5556
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 144 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of mouth and tongue

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: R S Fraher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 4-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE: 4-14-50
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart
24D. LOCATION (City, town, or county) (State): German Hill Rd

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: J. J. Fahey & Sons
ADDRESS: 1318 Light St

45B

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

240

50 3481

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3481

Registered No.

1. NAME OF DECEASED (Type or Print): NICOLAS J. MAISEL

2. DATE OF DEATH: April 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2826 N. Howard St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-06
D. STREET ADDRESS (If rural, give location): 2826 N. Howard St.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 15, 1884
9. AGE (In years last birthday): 65
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman
10B. KIND OF BUSINESS OR INDUSTRY: real estate
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nicolas J. Maisel
14. MOTHER'S MAIDEN NAME: Elizabeth Koeder

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Grace B. Maisel
ADDRESS: 2826 N. Howard

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Congestion — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

DUE TO

(B) Carcinoma Oesophagus — about 8 months

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/14, 1949, *to* 4/12, 1950, *that I last saw the deceased alive on* 4/12 1950, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wm. A. Parr M. D.
23B. ADDRESS: 1225 N. Calvert St.
23C. DATE SIGNED: 4/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/15/50
24C. NAME OF CEMETERY OR CREMATORY: Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickens & Sons
ADDRESS: Balto Md.

VS 150

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340

50 3482

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3482

1. NAME OF DECEASED (Type or Print): Filomena DiTullio

2. DATE OF DEATH: 4/12/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: unknown (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 9-03
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore -18
D. STREET ADDRESS (If rural, give location): 818 E. 33rd St.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, (WIDOWED) DIVORCED (Specify)
8. DATE OF BIRTH: 1871
9. AGE (In years last birthday): 79
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): not known
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? not known

13. FATHER'S NAME: Nicholas Matacola
14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or ookoown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Marguerite La Paglia — ADDRESS: 3040 Moreland Ave -14

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Brainstem thrombosis or hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 22 da.

DUE TO

(B) Cerebral and generalized arteriosclerosis — years

~~DUE TO~~

(C) Hypertensive CVD — years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ~~Aspiration~~ bronchopneumonia — 96 hrs

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/3, 1950, *to* 4/12, 1950, *that I last saw the deceased alive on* 4/12, 1950, *and that death occurred at* 10:55 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: John R. Hanbans M. D.
23B. ADDRESS: University Hospital Baltimore
23C. DATE SIGNED: 4/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 15/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Rita Wiedefeld — ADDRESS:

VS 150

931

correct age is especially important.

530

50 3483

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 50 3483

1. NAME OF DECEASED (Type or Print): GOLDIE B. SMITH

2. DATE OF DEATH: 4-13-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNION MEMORIAL HOSPITAL
C. Length of stay in Baltimore: 24 ~~Yrs.~~ ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WESTMINSTER 5641
D. STREET ADDRESS (If rural, give location): 39 W. GEORGE ST

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
FEMALE	WHITE	WIDOWED	6-4-1881	68	10	50		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ADAM W. BLOOM

14. MOTHER'S MAIDEN NAME: MARY A. HOOR

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: SON — ADDRESS: Mr JAMES E. SMITH New Windsor

MEDICAL CERTIFICATION

18. 4500

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) GENERALIZED ARTERIOSCLEROSIS

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

UREMIA

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: x

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MARCH 20, 1950, *to* APRIL 13, 1950, *that I last saw the deceased alive on* 4-13, 1950, *and that death occurred at* 9:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Henry Rein Shoemaker M. D.

23B. ADDRESS: 203 E. 33rd St Balt

23C. DATE SIGNED: 4/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/17/50

24C. NAME OF CEMETERY OR CREMATORY: Pipe Creek

24D. LOCATION (City, town, or county) (State): Carroll Co

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950

REGISTRAR'S SIGNATURE: [illegible] Baltimore, Md

25. FUNERAL DIRECTOR: H. Barnhart, Sons Westminster Md — ADDRESS

VS 150

97

-120

50 3484

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3484

1. NAME OF DECEASED (Type or Print): ERNEST DAVIS

2. DATE OF DEATH: April 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimo re
D. STREET ADDRESS (If rural, give location): 1200 McCulloh St. 11-04

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Unknown
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): 48
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labored
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.:
17. INFORMANT: Charles Alexander, 1200 McCulloh St. ADDRESS

MEDICAL CERTIFICATION

18. 073 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Luetic Heart Disease
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

over

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE Earl L. Royer, M.D. per R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: April 18, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetry
24D. LOCATION (City, town, or county) (State): Mt. Winans

DATE RECEIVED BY LOCAL REGISTRAR: 4/14/50
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Charles Alexander, 1200 McCulloh St. ADDRESS

VS 151

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30E

Letter in document file 50-3484 4/20/50

400

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50 3485

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3485

1. NAME OF DECEASED (Type or Print): Edward, Noah Hall.

2. DATE OF DEATH: April 12-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: 20 Years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18-03
D. STREET ADDRESS (If rural, give location): 108 S. Carrollton Ave. Z 23

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 15,1904
9. AGE (In years last birthday): 45
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron & Steel Worker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph, Hall
14. MOTHER'S MAIDEN NAME: Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: B.C.H. Records 4940 Eastern Ave.
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Increased Intra-cranial Pressure secondary to

DUE TO

(B) Malignant Glioma of the left Parietal Lobe.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: April 12,1950
19B. MAJOR FINDINGS OF OPERATION: Malignant Glioma of the left parietal lobe.
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

over

22. *I hereby certify that I attended the deceased from* April 3, 1950 *to* April 12, 1950, *that I last saw the deceased alive on* April 12, 1950, *and that death occurred at* 9:40 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: April 13-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-14-50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE: Thurlington Williams
25. FUNERAL DIRECTOR: Frederick A. Cole
ADDRESS: 1912 W. Baltimore St.

VS 150

49644

54a

Letter in document file. 50 - 3485 - 5/2/50.

240 Med. Exams Case

50 3486

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3486

Registered No.

1. NAME OF DECEASED (Type or Print): Perry Russell

2. DATE OF DEATH: April 12, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland Surg Hal 2

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

33

Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-07

D. STREET ADDRESS (If rural, give location): 2443 McCulloh St.

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 1-19-27

9. AGE (In years last birthday): 23

If Under 1 Year: Months | Days

If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10B. KIND OF BUSINESS OR INDUSTRY: ROOF REPAIR

11. BIRTHPLACE (State or foreign country): UNION LEVEL, VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: TERRY G. RUSSELL

14. MOTHER'S MAIDEN NAME: AVERLINA STONE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): YES

(If yes, give war or dates of service): #2

16. SOCIAL SECURITY NO.: 227-22-6664

17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. 421.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cardiac Arrest during

DUE TO

(B) Operation for

DUE TO

(C) Aortic Stenosis

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

Earl H. Rose M. D.

CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION: 4/17/50

19B. MAJOR FINDINGS OF OPERATION: Aortic Stenosis

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10-, 1950, to 4-12-, 1950, that I last saw the deceased alive on 4-12-, 1950, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE: J N P Johns M. D.

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: April 14, 1950

24C. NAME OF CEMETERY OR CREMATORY: Family lot

24D. LOCATION (City, town, or county) (State): Union Level, Va

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Holland Funeral Home ADDRESS: 1631 Druid Hill Ave.

VS 150

To be approved by Med Exams

988-V9

157E

2 To be approved by Med Examiner.

50 3487

BIRTH NO. 50 3487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3487

1. NAME OF DECEASED (Type or Print): HOWARD. LEE PRICE

2. DATE OF DEATH: 12 APR 50.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GEN'L HOSP.
Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Maryland
B. COUNTY: Harford
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Abingdon 62000
D. STREET ADDRESS (If rural, give location):

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: May 31, 1867
9. AGE (In years last birthday): 82
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: House
11. BIRTHPLACE (State or foreign country): Abingdon Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph A. Price
14. MOTHER'S MAIDEN NAME: Charlotte A. Ferguson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Bertie Oppermann ADDRESS: Abingdon Md

MEDICAL CERTIFICATION

18. E900.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Embolus
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fracture + Chronic Osteo Rt Hip.

CERTIFICATION APPROVED BY
Earl L Hoyt M. D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 11/10.
19B. MAJOR FINDINGS OF OPERATION: Fract. Rt Hip.
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home.
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Abingdon Md.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 11 7 49 m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Pt fell in home after having some drinks fell down stairs

22. I hereby certify that I attended the deceased from 11/7, 1949 to 4/12, 1950 that I last saw the deceased alive on 4/12, 1950, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Ernest G. Cressman M. D.
23B. ADDRESS: Maryland Gen'l Hosp
23C. DATE SIGNED: 4/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 16, 1950
24C. NAME OF CEMETERY OR CREMATORY: Cokesbury
24D. LOCATION (City, town, or county) (State): Abingdon Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Howard P. McComas + Son
ADDRESS: Abingdon Md

VS 150

N-820

186a

425

50 3488

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3488

Registered No.

1. NAME OF DECEASED (Type or Print): MARY H. (SCHOFIELD) WILSON

2. DATE OF DEATH: Apr. 14, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1700 Park Avenue
Wheeler Nursing Home
Length of stay in Baltimore Approx. 70 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore - 27-20
D. STREET ADDRESS (If rural, give location): 3501 Seven Mile Lane

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Nov.29,1869
9. AGE (In years last birthday): 80
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): buyer - ret.25yrs.
10B. KIND OF BUSINESS OR INDUSTRY: Stewart Dep't Str.
11. BIRTHPLACE (State or foreign country): Lancashire, England
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Allan Schofield
14. MOTHER'S MAIDEN NAME: Ann Bradley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Richard H. Thompson, Union Trust Co.
ADDRESS:

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

DUE TO

(B) Cerebral Arterio-Sclerosis — Gradual

DUE TO

Myocarditis
Hypertension

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1948, to April 14, 1950 that I last saw the deceased alive on 4-14, 1950, and that death occurred at 12 m., from the causes and on the date stated above.

23A. SIGNATURE: W. H. Moody M. D.
23B. ADDRESS: 1403 Park ave
23C. DATE SIGNED: 4-14-50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 4/18/50
24C. NAME OF CEMETERY OR CREMATORY: Swann Point Cemetery
24D. LOCATION (City, town, or county) (State): Providence, R.I.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: NORTH AVE. & BROADWAY - 13

VS 150

Jessie S. Hill Asst Treas.

650

50 3489

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3489

1. NAME OF DECEASED (Type or Print): CECELIA BROWN

2. DATE OF DEATH: 4/14/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Balto. Gen'l Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 24-01
D. STREET ADDRESS (If rural, give location): 1521 E. Clement st.

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED (Specify)~~: Married
8. DATE OF BIRTH: 11/22/1885
9. AGE (In years last birthday): 64
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Smolinski
14. MOTHER'S MAIDEN NAME: Catherine Price

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-03-3756
17. INFORMANT: Alexander Brown
ADDRESS: 1521 E. Clement st.

MEDICAL CERTIFICATION

18. 443 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Hypertensive Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 year

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: John Chevrs M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 4/14/50

24A. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial
24B. DATE: 4/18/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): A.A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1950
REGISTRAR'S SIGNATURE: Winington Williams M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 1217 St. Paul st.

VS 151

93D

632
50 3490
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3490
Registered No.

1. NAME OF DECEASED (Type or Print): Fordyce Mildred
2. DATE OF DEATH: Apr. 14, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hosp of Balt.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 4-01
D. STREET ADDRESS (If rural, give location): 611 E. Balto. St.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 3/21/1909
9. AGE (In years last birthday): 41 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Oakland Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Vanseckle Sr.
14. MOTHER'S MAIDEN NAME: Nancy Turney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: Wm C. Fordyce — ADDRESS: 611 E. Balto. St.

MEDICAL CERTIFICATION

18. 754.6

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Massive Atelectasis, R lung — 1 day
DUE TO
(B) hemopneumothorax; post operative — 1 day
DUE TO
(C) Pulmonary arterio-venous aneurysms — ?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Heart failure with auricular fibrillation — 1 day

19A. DATE OF OPERATION: Apr. 13, 1950
19B. MAJOR FINDINGS OF OPERATION: Pulmonary arterio-venous aneurysms
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 13, 1950, *to* April 14, 1950, *that I last saw the deceased alive on* Apr. 14, 1950, *and that death occurred at* 9.25 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Harold Pascoutz, M.D. M. D.
23B. ADDRESS: Sinai Hosp of Balt.
23C. DATE SIGNED: April 14, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/17/50
24C. NAME OF CEMETERY OR CREMATORY: Morsland Park
24D. LOCATION (City, town, or county) (State): Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1950
REGISTRAR'S SIGNATURE: Christopher Williams M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St.

VS 150

50 3490

96

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

530

50 3491

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3491

1. NAME OF DECEASED (Type or Print): MARY E. SCHMIDT

2. DATE OF DEATH: April 13, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1537 E. 35th Street
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-02
D. STREET ADDRESS (If rural, give location): 1537 East 35th St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 10, 187[illegible]
9. AGE (In years last birthday): 72 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never employed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christian Schmidt
14. MOTHER'S MAIDEN NAME: Thelka Wolfe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs Edward L. Myers, ADDRESS: 1537 E. 35th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Insufficiency

DUE TO

(B) Arteriosclerosis, hypertension

DUE TO Myocarditis

(C) Epithelioma Sacral region

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1949, to April 13, 1950, that I last saw the deceased alive on April 11, 1950, and that death occurred at 6 30 p. m., from the causes and on the date stated above.

23A. SIGNATURE: John A. Schmunk M. D.
23B. ADDRESS: 1337 S. Charles St.
23C. DATE SIGNED: 4/14/50.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/17/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Wilhorn Crofland
ADDRESS: 1215 St Paul St

VS 150

55B

1-635

50 3492

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

Registered No. 50 3492

1. NAME OF DECEASED (Type or Print): WHARTON, JAMES FERGUSON

2. DATE OF DEATH: 4/14/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNION MEM. HOSPITAL
C. Length of stay in Baltimore: Yrs. Years Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE Rural
D. STREET ADDRESS (If rural, give location): 314 MURDOCK RD. 5300

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-13-1888
9. AGE (In years last birthday): 61 62
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R. R. MOVEMENT
10B. KIND OF BUSINESS OR INDUSTRY: R. R.
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Russell Wharton
14. MOTHER'S MAIDEN NAME: Nita Ferguson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-01-7679
17. INFORMANT: Wife (name) ADDRESS

MEDICAL CERTIFICATION

18. 203 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple Myeloma — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

(B) — INTERVAL BETWEEN ONSET AND DEATH:

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

~~DUE TO~~

(C) Uremia — INTERVAL BETWEEN ONSET AND DEATH: ?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-20, 1950, *to* 4-14, 1950, *that I last saw the deceased alive on* 4-14, 1950, *and that death occurred at* 7:00 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Henry Reen Shoemaker M. D.
23B. ADDRESS: 205 E 33rd St Balt. Md
23C. DATE SIGNED: 4/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/17/50
24C. NAME OF CEMETERY OR CREMATORY: Silver Brook
24D. LOCATION (City, town, or county) (State): Wilmington Del

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: John Cook Inc. ADDRESS: 1217 St. Paul St.

VS 150

240 47

55E

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

160

50 3493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 50 3493

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Herbert Shaver

2. DATE OF DEATH: Apr. 14, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Pa
B. COUNTY: V-35
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Freedom
D. STREET ADDRESS (If rural, give location)

5. SEX: male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH: 7-10-10
9. AGE (In years last birthday): 39 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst Superintendent.
10B. KIND OF BUSINESS OR INDUSTRY: American Insulator Corp.
11. BIRTHPLACE (State or foreign country): Baltimore Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter Shaver
14. MOTHER'S MAIDEN NAME: Lovilla Hetrick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 3 hr.

DUE TO

(B) 1) Anesthetic + 2) Hypertensive Cardiovascular Disease — (#2) 8 yr.

DUE TO

(C) 1) Congenital Polycystic Kidneys — 8 yr.

over

ANTECEDENT CAUSES

DISEASES OR CONDITIONS APPARENTLY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROVED BY
B S Fisher
M. D.
ASSISTANT CHIEF MEDICAL EXAMINER.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Purulent Peritonitis — 11 weeks

19A. DATE OF OPERATION: 4/14/50
19B. MAJOR FINDINGS OF OPERATION: Peritonitis - Ventricular Fibrillation
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Hospital
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Johns Hopkins Hospital, Broadway & Monument
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 14, 1950 10 Am.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Cardiac arrest during operation under anesthesia

22. *I hereby certify that I attended the deceased from* 4/10, 1950, *to* 4/14, 1950, *that I last saw the deceased alive on* 4/14, 1950, *and that death occurred at* 12 m., *from the causes and on the date stated above.*

23A. SIGNATURE: Ben Sellers M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4/14/50

24A. BURIAL, ~~CREMATION, REMOVAL~~ (Specify)
24B. DATE: April 17, 1950
24C. NAME OF CEMETERY OR CREMATORY: New Freedom
24D. LOCATION (City, town, or county) (State): New Freedom, Penna.

DATE RECEIVED BY LOCAL REGISTRAR: APR 17 1950
REGISTRAR'S SIGNATURE: Christopher Williams
25. FUNERAL DIRECTOR: J. Frank Hartenstein
ADDRESS: New Freedom

VS 150

Med. Ex. Case To be approved
15620

OVER 133B

This case was investigated by the Medical Examiner's Office and the proper way to certify the death is

1. Cardiac arrest due to sodium pentothal anesthesia
2. Congenital polycystic kidneys with hypertensive cardiovascular disease
   Purulent peritonitis

19b. Purulent peritonitis probably due to rupture of polycystic kidney into abdomen

RJ Fisher

Drainage of peritonitis + exploration of kidneys. Letter in document file 50-3493 - 5/10/50.

610 Torpey

50 3494

BIRTH NO. 50 3494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): thomas torpey

2. DATE OF DEATH: April 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: 25 Yrs. ~~Mo.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-12
D. STREET ADDRESS (If rural, give location): 6000 Bellona Ave - 12

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb. 7, 1865
9. AGE (In years last birthday): 85 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired (CHEP)
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John torpey
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Deceased — ADDRESS:

MEDICAL CERTIFICATION

18. ~~231X~~ I 212X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., henrt failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Empyema, Right thorax — 4 Weeks

DUE TO

(B) Atelectasis, Right lung — 10-15 yrs

DUE TO

(C) Mediastinal tumor — over 20 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerosis, generalized

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [✓] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1 *, 1950 to* April 12 *, 1950 that I last saw the deceased alive on* April 12 *, 1950, and that death occurred at* 9:55 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: J. Holiver 3rd M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: 4/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/15/50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Chas. F. Evans & Son Inc
ADDRESS: 118 W. Mt. Royal Ave 11 Ave

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Benign. Letter in document file 50-3494 - 5/5/50.

160

50 3495

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3495

1. NAME OF DECEASED (Type or Print): George Howard Spear

2. DATE OF DEATH: April 14, 50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3903 Old York Rd.
C. Length of stay in Baltimore: 2 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 3903 Old York Rd.
D. STREET ADDRESS (If rural, give location): 9-01

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 21, 1858
9. AGE (In years last birthday): 91
If Under 1 Year: Months 5 Days 24
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Spear
14. MOTHER'S MAIDEN NAME: Sarrah Albaum

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Nellie Spear Heath
ADDRESS: 3903 Old York Rd.

MEDICAL CERTIFICATION

18. 4/50.0

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

ANTECEDENT CAUSES

(B) also Arthritis, hypertrophic

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): None
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): None
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): None
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: None
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* April 12 *1950 to* April 14, *1950, that I last saw the deceased alive on* April 12 *1950 and that death occurred at* 4 50 *p.m. from the causes and on the date stated above.*

23A. SIGNATURE: J. Carl Myers M. D.
23B. ADDRESS: 3903 Old York Rd.
23C. DATE SIGNED: April 14, 50.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 17, 1950
24C. NAME OF CEMETERY OR CREMATORY: Bethel
24D. LOCATION (City, town, or county) (State): near Chesapeake City Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1950
REGISTRAR'S SIGNATURE: Emilie Williams, M.D.
25. FUNERAL DIRECTOR: H. W. Pippin & Son
ADDRESS: Elkton Md.

VS 150

59B

435

50 3496

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 3496

1. NAME OF DECEASED (Type or Print): JOHN ASBY BALDWIN

2. DATE OF DEATH: April 13, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital

Length of stay in Baltimore: 35? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-02
D. STREET ADDRESS (If rural, give location): 1302 Johns Street

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 8 1908
9. AGE (in years last birthday): 41
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate
10B. KIND OF BUSINESS OR INDUSTRY: Salesman
11. BIRTHPLACE (State or foreign country): Jamestown R. I.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Chas. G. Baldwin
14. MOTHER'S MAIDEN NAME: Fanny L. Moss

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214-22-5278
17. INFORMANT: Mrs. John A. Baldwin ADDRESS: 1302 John St City

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. E971.7

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fluoride poisoning

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1302 Johns Street
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 13, 1950 ?p. m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Ingestion of roach powder

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [ ], *suicide* [X], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: H. J. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: April 14, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 15 50
24C. NAME OF CEMETERY OR CREMATORY: Baldwin Memorial
24D. LOCATION (City, town, or county) (State): Severn Cross Rds A.A. Co Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1950
REGISTRAR'S SIGNATURE: Emilie Jon Williams M.D.
25. FUNERAL DIRECTOR: Henry W. Jenkins & Sons Co
ADDRESS: 905 York Av.

VS 151

N-979.0 27681 1639

M-550

50 3497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3497

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): STEPHEN J MANNION

2. DATE OF DEATH: Apr 17/50

3. PLACE OF DEATH: A. Baltimore City, Maryland: BALTIMORE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 745 E. PRESTON ST

C. Length of stay in Baltimore: 75 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-01
D. STREET ADDRESS (If rural, give location): 745 E. Preston ST.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 26. 1874
9. AGE (In years last birthday): 75 — If Under 1 Year: Months 3, Days 17, Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Foreman
10B. KIND OF BUSINESS OR INDUSTRY: Balto City Water Dept.
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Mannion
14. MOTHER'S MAIDEN NAME: Bridget Burke

15. WAS DECEASED EVER (Yes, no or unknown): no
16. I U. S. ARMED FORCES? (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Wm P. Mannion 745 E. Preston St. ADDRESS

CAUSE OF DEATH

18. 260 X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ruptured aneurysm of left femoral artery — INTERVAL BETWEEN ONSET AND DEATH: March 19/50 to April 17/50

DUE TO

(B) Generalized arterio-sclerosis — Years?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Diabetes Mellitus — 34 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Half left thigh amputation 9/12/47

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1/47, 19__, *to* Apr 14, 1950, *that I last saw the deceased alive on* Apr 16, 1950, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: William F. Swartz M. D.
23B. ADDRESS: 10 E Biddle St
23C. DATE SIGNED: 4/24/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 14/1950
24C. NAME OF CEMETERY OR CREMATORY: Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1950
REGISTRAR'S SIGNATURE: Walter Jon Williams, M.D.
25. FUNERAL DIRECTOR: Elmer W. Conklin
ADDRESS

VS 150

96

MARGIN RESERVED FOR BINDING

NOTHING TO BE WRITTEN IN THIS MARGIN

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The Physicians: please write the causes of death clearly and legibly.

L-200

BIRTH NO. 50 3498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 3498

1. NAME OF DECEASED (Type or Print): Helen M. Lewis

2. DATE OF DEATH: 4/13/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2507 N. Charles St.
c. Length of stay in Baltimore: 15 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2507 N. Charles St. 12-06

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated
8. DATE OF BIRTH: Sept 19 1886
9. AGE (In years last birthday): 63
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest Horn
14. MOTHER'S MAIDEN NAME: Emma -----

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Frank Lewis
ADDRESS: 2507 N. Charles St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour.

DUE TO

(B) Arterior sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Unknown.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/17/42, 19__, *to* 4/13/50, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: Charles R. Goodsorry M. D.
23B. ADDRESS: 2923 St Paul St
23C. DATE SIGNED: 4/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/15/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1950
REGISTRAR'S SIGNATURE: Christopher Williams, M.D.
25. FUNERAL DIRECTOR: Chas F Evans & Son
ADDRESS: 118 W Mt Royal Ave

VS 150

MARGIN RESERVED FOR BINDING

PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The ... important. Physicians: please write the causes of death clearly and legibly.

362

50 3499

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 3499

Registered No.

1. NAME OF DECEASED (Type or Print): Gervas McElderry Storrs

2. DATE OF DEATH: April 13, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2110 St. Paul St.
C. Length of stay in Baltimore: life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: none
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-06
D. STREET ADDRESS (If rural, give location): 2110 St. Paul St.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 28, 1902
9. AGE (In years last birthday): 47
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Florence Stove Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Gervas Storrs
14. MOTHER'S MAIDEN NAME: Elizabeth McE. Mullikin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Davies R. Storrs ADDRESS: 2110 St. Paul St.

MEDICAL CERTIFICATION

18. 002 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis — 15 yrs
DUE TO
(B) Pulmonary Hemorrhage — 5 minutes
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1941, *to* April 13, 1950 *that I last saw the deceased alive on* 4-12, 1950, *and that death occurred at* 9:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: M. H. Hardy M. D.
23B. ADDRESS: 1403 Park Ave.
23C. DATE SIGNED: 4 - 14 - 50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 4/15/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1950
REGISTRAR'S SIGNATURE: Christopher Williams, M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. ADDRESS: 1900 Eutaw Pl.

VS 150

29868 Walton B. Mitchell 13B

500
50 3500
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 3500
Registered No.

1. NAME OF DECEASED (Type or Print): Frank L. Heim
2. DATE OF DEATH: 4/15/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore, Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 6406 Pinehurst Road

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 22, 1884
9. AGE (In years last birthday): 65 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brokerage Mgr.
10B. KIND OF BUSINESS OR INDUSTRY: Life Insurance Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles G. Heim
14. MOTHER'S MAIDEN NAME: Bessie Nicodemus
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Maude Heim - wife — ADDRESS: Same

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction due — 23 days
DUE TO
(B) To coronary artery arteriosclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 23, 1950, *to* April 15, 1950, *that I last saw the deceased alive on* April 15, 1950, *and that death occurred at* 9:35 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: William A. Rausen M. D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: April 15, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-17-50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Frd. Ave. Baltimore - Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: John O. Mitchell Sons — ADDRESS: 1900 Eutaw Place

VS 150

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